South Tees Hospitals
NHS Foundation Trust

Council of Governors – Public Meeting

20 February 2024, 1.00 – 4.00pm
Room 10, STRIVE, James Cook Hospital & Via Microsoft Teams

Agenda

ITEM		PURPOSE	LEAD	FORMAT	TIMING
CHAIRS BUSINESS					
1.	Welcome and Introductions	Information	Chair	Verbal	**1.00pm**
2.	Apologies for Absence	Information	Chair	Verbal	
3.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC1	
4.	Minutes of Previous Meeting held on 21 November 2023	Approval	Chair	ENC2	
5.	Matters Arising and Action Sheet	Review	Chair	ENC3	
6.	Chairman's Report	Information	Chair	ENC4	**1.15pm**
7.	Lead Governor Report	Information	Lead Governor	ENC5	**1.35pm**
8.	Chief Executive Report	Information	CEO	ENC6	**1.50pm**
SAFE					
9.	Quality Assurance Committee Chair update - Update re: CQC report on Maternity	Information	Miriam Davidson	ENC7a ENC7b ENC7c Verbal	**2.05pm**
10.	Patient Experience sub group update	Information	Sue Young	Verbal	**2.15pm**
EFFECTIVE					
11.	Resource Committee Chair update	Information	David Redpath	ENC8a ENC8b	**2.25pm**

12.	Integrated Performance Report	Information	Chief Operating Officer	ENC9	**2.45pm**
EXPERIENCE					
13.	People Committee Chair update	Information	Mark Dias	ENC10	**2.50pm**
14.	Health & Wellbeing Champion update	Information	Ada Burns	Verbal	**3.00pm**
WELL LED					
15.	Audit & Risk Committee Chair log	Information	Ken Readshaw	ENC11	**3.10pm**
16.	Board walk rounds	Information	Non-Executive Directors	Verbal	**3.20pm**
GOVERNANCE					
17.	Constitution	Approval	Head of Governance	ENC12	**3.30pm**
18.	Fit & Proper Person Checks	Discussion	Head of Governance	ENC13	**3.40pm**
19.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	**3.50pm**
20.	Reflections on Meeting	Discussion	Chair	Verbal	**3.55pm**
21.	Any Other Business	Information	Chair / All	Verbal	
22.	Date of Next Meeting: Tuesday 21 May 2024 – James Cook Hospital	Information	Chair		

South Tees Hospitals NHS
NHS Foundation Trust

ENC 1

Council of Governors Register of Interests

Board Member	Position	Declaration Details
Prof Derek Bell	Joint Chair	Royal Medical Benevolent Fund Tenovus Scotland (Edinburgh) Centre for Quality in Governance NHS South East London (SEL)
Noel Beal	Governor	NIL
Rachel Booth-Gardiner	Governor	Brother employed by South Tees NHS Trust as an apprentice dietician Employed by Tees Esk and Wear Valleys NHS Trust as a Lead Occupational Therapist Treasurer of the Northern and Yorkshire regional group of the Royal College of occupational therapist (voluntary role)
Bernard Borman-Schreiber, Count on Ullersdorf	Governor	Member - Institute of Export Fellow Institute of Directors – MD of international logistics co Member – Constitutional Monarch Association - Royalist Member – Conservative Party, Supporter of Rishi Sunak Property Owner – Leyburn & Folkstone
Lisa Bosomworth	Governor – Healthwatch South Tees	NIL
Yvonne Teresa Bytheway	Governor	Therapeutic Care Volunteer – James Cook University Hospital Member of UK Royal Voluntary Service – Home (telephone message service) Manager – Providing voluntary weekly craft sessions for local elderly community Member of Prostate Cancer Support Group – Providing support to members – Middlesbrough Teaching Support – Providing teaching support for NHS medical students – James Cook University Hospital
Cllr David Coupe	Governor	Ward Cllr Middlesbrough Council

Janet Crampton	Governor & Deputy Lead Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Trustee of Abbeyfield, Northallerton
Cllr Ursula Earl	Governor	NIL
Dr Sarah Essex	Governor	Member of staff – South Tees
Paul Fogarty	Governor	Member of Patient Participation Group at Linthorpe Surgery, Middlesbrough Member of James Cook Hospital P.L.A.C.E team Therapeutic care volunteer Age uk Digital Champion volunteer
Dr John Fordham	Governor	NIL
Rebecca Hodgson	Governor	NIL
Carlie Johnston-Blyth	Governor	NIL
Prof Steve Jones	Governor	Role in quality assurance for the GMC in relation to medical education
Graham Lane	Governor	Chair - North Yorkshire Haematology Support Group Partner is Project Manager at NECS
Zahida Mian	Governor & Deputy Lead Governor	NIL
Jean Milburn	Governor	Senior lecturer in the School of Health and Life Sciences Teesside University
Lee O’Brien	Governor	Carers Together are Commissioned by RCBC & MBC to provide carer support services within JCUH, Redcar Primary Care and Brotton Hospitals No funding is received from the Trust

Dr Isaac Oluwatowoju	Governor	NIL
Prof Shaun Pattinson	Governor	NIL declarations but other professional roles include: Fellowships/memberships of various professional organisations (Royal Society of Arts, Royal Society of Biology, and Society of Legal Scholars) Membership of various academic journal editorial boards (Journal of Bioethical Inquiry and The Biologist)
Cllr Steve Watson	Governor	NIL
Julian Wenman	Staff Governor	NIL
Brian White	Governor	Plumbing and Heating
Jon Winn	Governor	NIL
Sue Young	Governor	Member of Patient Participation Group at Quakers Lane Surgery, Richmond Ambassador for Sarcoma UK

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Unconfirmed minutes of the Council of Governors Meeting held in PUBLIC on 21 November 2023 at 1.30pm at Rooms 3 & 4 STRIVE, Friarage & via Microsoft Teams

Present:

Prof Derek Bell	Joint Chair
Mr Noel Beal	Elected governor, Hambleton & Richmondshire
Ms Rachel Booth-Gardiner	Elected governor, Middlesbrough
Ms Yvonne Bytheway	Elected governor, Middlesbrough
Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Cllr Ursula Earl	Appointed governor, Redcar & Cleveland Borough Council
Dr Sarah Essex	Elected governor, Staff
Mr Paul Fogarty	Elected governor, Middlesbrough
Dr John Fordham	Elected governor, Patient and/or Carer
Ms Carlie Johnston-Blyth	Appointed governor, Teesside University
Prof Steve Jones	Appointed governor, Newcastle University
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Zahida Mian	Elected governor, Redcar & Cleveland
Ms Jean Milburn	Elected governor, Middlesbrough
Dr Isaac Oluwatowoju	Elected governor, Staff
Mrs Angela Seward	Elected governor, Rest of England
Mr Julian Wenman	Appointed governor, Staff
Mr Brian White	Elected governor, Redcar & Cleveland
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

In attendance:

Prof Rudy Bilous	Associate Non-executive Director
Mrs Ada Burns	Non-executive Director
Ms Miriam Davidson	Non-executive Director
Mr Mark Dias	Non-executive Director
Mr Rob Harrison	Managing Director
Mr Ken Readshaw	Non-executive Director
Mr David Redpath	Non-executive Director
Mrs Jackie White	Head of Governance / Company Secretary
Ms Ali Wilson	Vice Chair / Non-executive Director
Mrs Anita Keogh	Corporate Affairs Officer / note taker

CHAIR'S BUSINESS

CoG/23/059 Welcome and Introductions

Prof Bell welcomed all members to the meeting.

He began by asking Governors for feedback following the Development Session earlier in the day which included a site visit to the theatres site, presentation by North Yorkshire Healthwatch together with an update on the BAF from Mrs White.

Governors confirmed that the Development Sessions had been very beneficial and informative. Those Governors that had joined the site visit added that they thoroughly enjoyed going round the site.

CoG/23/060 Apologies for Absence

Apologies for absence were received from Governors:

Ms Lisa Bosomworth	Appointed governor, Healthwatch
Cllr David Coupe	Appointed governor, Middlesbrough
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Lee O'Brien	Appointed governor, Carer Organisation
Prof Shaun Pattinson	Appointed governor, Durham University
Cllr Steve Watson	Appointed governor, North Yorkshire Council

Apologies for absence were received from Non-Executive Directors:

Ms Alyson Gerner	Associate Non-executive Director

CoG/23/061 Declarations of Interest

Mrs White confirmed that the meeting was quorate.

There were no new interests declared and no interests declared in relation to the agenda.

CoG/23/062 Minutes of Previous Meeting

The minutes of the meeting on the 19 September were approved.

Resolved: i) the minutes of the previous meeting were accepted as an accurate record.

CoG/23/063 Matters Arising and Action Sheet

The matters arising were reviewed and updated in the meeting.

Joint Partnership Board – Governors to be invited
Mrs White confirmed that no date had been arranged yet.

Tour of discharge lounge – Mrs White to organise for the New Year.

Mrs White informed Governors that a Joint Board in Common meeting would be taking place on the 29 November in public and all Governor would be welcome to join.

CoG/23/064 Chairman's Report

Prof Bell ran through his update which was included in the papers with key issues including:

- Work with the Universities
- Organising an educational event in February to explore further collaboration.
- Ms Hunter's induction programme when she commences in post in February
- Two Chairs meetings – NHS Confederation which focussed on the Letby case and ICS with a focus on digital.
- Trust has signed the Sexual Safety Charter which reinforces the zero tolerance and is underpinned by ten core principles.

Finally he informed Governors that the Trust had been unsuccessful in the HSJ awards but that it was a fantastic achievement to have been nominated.

To conclude his update Prof Bell stressed the importance of the flu vaccination and encouraged everyone to make a point of receiving the same.

No questions were raised.

Resolved: i) Prof Bell concluded his report.

CoG/23/065 Lead Governor Report

Mrs Crampton ran through her report which was included in the papers and was in addition to her regular email updates.

The Lead Governor thanked colleagues for their continued support and stressed the importance to keep conversations going with them all. She added that following 1-1 meetings most Governors were happy to be included in a WhatsApp group which would aid conversations too.

Mrs Crampton reported on her activities since the last Council of Governor meeting in September 2023 including her meetings with Angela Warnes, Lead Governor at North Tees, Board of Directors and 1-1 meetings with the Chair, Vice Chair and Senior Independent Director.

Mrs Crampton reported how much she had enjoyed meeting other Governors in person and by telephone to understand more about their motivation, commitment and areas of personal interest. These conversations had also highlighted any issues or areas of concern.

Resolved: i) Prof Bell thanked Mrs Crampton for her Lead Governor report.

Action: i) Mrs Keogh to forward the slides from Mrs White with ideas on joint working.

CoG/23/066 Managing Director Report

Mr Harrison ran through a presentation in addition to his report which was included in the papers.

He briefly ran through the report which included an update on the Group development and reminded members of the Board of Directors meeting on the 29 November which will be held in Common with North Tees which would be a significant meeting involving signing the Partnership Agreement of. Mr Harrison updated on the new developments including Community Diagnostic Hub at Redcar, the Urgent Treatment Centre at James Cook and at the imaging service at the Friarage.

Mr Harrison highlighted that the Trust has launched two patient and carer involvement banks with one for adults and one for children and young people.

These are free to join and are open to anybody who has used the Trust's services in the past three years to share their experiences and ideas to help to continue to improve healthcare across the Tees Valley, North Yorkshire and beyond.

Finally Mr Harrison informed Governors that he had been pleased to attend the Nursing and Midwifery Conference on the 9 November at the Riverside Stadium in Middlesbrough. The programme focussed on celebrating excellence and included an excellent school assembly by St Alphonsus School on nursing and the future.

Mr Harrison asked for feedback from Governors to determine if the presentation was more favourable to the usual written report as this details both the finance report and integrated performance report.

Ms Wilson mentioned the Patient and carer involvement banks contained within Mr Harrison's report and asked if it would be possible to include both Governors and Non-Executive Directors in the links going forward.

Resolved: i) Prof Bell thanked Mr Harrison for his report.

Action: i) Mrs Keogh to forward the presentation used by Mr Harrison to Governors for information.

SAFE

CoG/23/067 Quality Assurance Committee Chair Update

Ms Davidson, Chair of the Quality Assurance Committee, provided an update from the Quality Assurance Committee meetings which took place on the 27 September and 25 October 2023.

She ran through the key topics discussed and informed Governors about some positive feedback from an Ockenden peer review of Neonatal and Maternity Services and explained that a visit took place on the 28 October 2023. A full report would be available in a few weeks but only two points were raised for the Trust to look at further which were Transitional Care and Staffing Models.

Mrs Young briefly mentioned the first meeting of Health & Equalities Group where Michelle Stamp Director of Public Health carried out a presentation. She continued that Dr Mike Stewart led with this group as Director. Mrs Young concluded that there was a lot of work to look at in this group and consideration was also given to staff needs and supporting health and wellbeing.

Ms Davidson thanked Mrs Young for her comments and stated that she had high hopes for this group.

No questions were raised.

Resolved: i) Prof Bell thanked Ms Davidson for her update.

EFFECTIVE

CoG/23/068 Resource Committee Chair Update

Mr Redpath confirmed that two meetings of the Resource Committee had taken place since the last Council of Governor meeting in September 2023. He updated members on the assurances received and did not raise any issues for escalation.

Mrs Crampton asked about the target set for procurement and asked what efficiencies they are making. Mr Redpath provided a couple of examples which included a saving on patient travel. Previously £10,000 a month and more was being paid to Boro Taxis but Trust now has in house travel under Mr Andy Jackson which had provided a huge saving. He continued that procurement had also introduced a central store for stock management which has helped with savings.

Dr Essex queried if any staff had raised frustrations with procurement on stock as she detailed that she was unable to order a computer until Quarter 1 which was very frustrating. Mr Redpath confirmed that he would look into this further.

Mr Wenman added that he had experienced the same frustration where he had been told that he could not order laptops for remote workers.

Prof Bell asked two actions be added against Mr Redpath:

1) The satisfaction of staff with procurement savings
2) Ordering of IT / laptops / new starter process to ensure that staff have the appropriate IT equipment.

Resolved: i) Prof Bell thanked Mr Redpath for his update.

Action: i) Mr Redpath to look into queries raised about IT equipment via procurement savings to make sure staff have appropriate IT equipment.

CoG/23/069 Finance Report

Mr Harrison provided an update on the finance report as part of his Managing Director update presentation.

He informed Governors that the national annual planning timetable for 2023/24 had been extended with further submissions required on the 4 May 2024. The Trust's plan for the 2023/24 financial year was now a deficit of

£31.8m, which reflected the Trust's structural deficit (PFI) and inflationary pressures.

As part of the system-based approach to planning and delivery, the Trust's plan formed part of the NENC ICB system plan for 2023/24. The NENC ICB was currently planning on the basis of a net deficit of £49.9m for 2023/24.

He concluded that at Month 6 the reported position was a deficit of £14.8m at a system control-total level, which was in line with the year to date plan.

Mr Lane asked about an earlier comment with Trust being on plan to deficit. Mr Harrison explained that within the ICS they have the control total. Our outcome is that we will deliver with deficit and providing we meet our targets then we receive funds.

Mr Harrison concluded that numbers had not been confirmed but it looked likely that the Trust would have to find approximately 5% with structural deficit adding that it may be beneficial to look at services that North Tees provide to save on some costs.

Resolved: i) Prof Bell thanked Mr Harrison for providing an update on the finance report.

CoG/23/070 Integrated Performance Report

Mr Harrison reported on the Integrated Performance Report again as part of his Managing Director update presentation in place of Mr Sam Peate, Chief Operating Officer who was unable to join the meeting.

He confirmed that £800m was coming from different pots of money with a change of elective fund targets and that the Board had met the day before to agree targets and they believed that the Trust could deliver as planned. As the Trust remained in segment 3 PFI support was still required due to the historic financial position.

The key messages for September included:

- The Trust was now CQC rated Good in all domains.
- A&E 4-hour standard performance was steady and close to the national average. Clear reductions in A&E 12 hour waits and 12 hour delays following a decision to admit were evidenced since the beginning of 2023. Ambulance handovers within 60 minutes showed an improving trend too.
- Elective access (RTT 18-week standard) – this was maintained and performing ahead of the national trend. Those patients waiting more than 78 weeks for non-urgent elective treatment had received extra focus since January. Currently the Trust had 150 patients over 65 weeks but hopefully these would be actioned by the end of this year.
- 6 week diagnostic standard stabilised in July with a planned increase of radiological capacity and access starting in September.
- Cancer 62 day standard performed lower in July as more of the longer waiters were treated but improved in August to 65%, the national average.

Mr Harrison briefed Governors about the new process which would begin January 2024 with the aim to prevent complaints wherever possible but when

the do arise to ensure that the Trust provide a timely, compassionate and proportionate response, with identified learning to improve future outcomes for patients, their relatives and carers.

Prof Bell thanked Mr Harrison for going through the Integrated Performance Report and asked Governors if they had any questions.

Dr Fordham asked what progress was being made with sepsis management. Mrs White replied that we were hopeful that our Chief Medical Officer, Dr Mike Stewart, would attend Council of Governors and provide a full update on sepsis. Prof Bilous told Governors that he had spoken with Dr Stewart and had been assured about a new initiative and process for Accident & Emergency but it may take a couple of months before this shows on the Integrated Performance Report on sepsis management.

Resolved: i) Prof Bell thanked Mr Harrison for providing an update on the integrated performance report.

Action: i) Dr Mike Stewart to attend future Council of Governor meeting to provide update on sepsis.

EXPERIENCE

CoG/23/071 People Committee Chairs update

Mr Mark Dias, Chair of the People Committee highlighted key points of discussion from the People Committee meetings that took place on the 27 September 2023 and 20 October 2023 including work on the people plan, workforce planning and a session on the staff survey.

Mr Dias concluded that unfortunately absenteeism was moving in the wrong direction (upwards).

Mr Wenman commented that the People Committee session for Collaboratives was very useful but that it would have benefited from all contributors being in the room to hear what others were saying to allow sharing and learning across the Collaboratives. Both Mr Dias and Ms Wilson agreed that it would be very beneficial to fix half a day to get all people in the room. They added that Ms Jane Herdman, HR, was collating these plans from all Collaboratives and they would be circulated in time. Prof Bell also pointed out that Public Relations were also involved so they would reach everyone.

Mrs Young asked about staff satisfaction and queried if community staff had received any increase in their mileage. Mr Dias confirmed that he would take this an action and speak to Mrs Metcalf and come back with the answer.

Mr Lane asked regarding overpay and underpay asking if this was now resolved. Mr Dias replied that this was all in hand and confirmed that a report was to be taken to the next People Committee meeting to go through the same. He continued that he would bring the findings from this report to the next Council of Governor meeting in January 2024.

Resolved: i) Prof Bell thanked Mr Dias for his update.

Action: i) Mr Dias to speak with Mrs Metcalf and confirm to Governors the up to date position with Community staff and increase in mileage.

Action: i) Mr Dias to bring findings of report on overpay and underpay to next Council of Governors in January 2024.

CoG/23/072 Health & Wellbeing Champion Update

Ms Burns commented that there had already been some items from a health and wellbeing update covered within the meeting.

She advised that the health and wellbeing walkabouts were still continuing which are beneficial.

In addition unfortunately the capacity to support staff has now been lost that we had throughout COVID which was unfortunate.

As Mr Dias has updated earlier in the meeting unfortunately staff absence had risen. She confirmed that Barbara Hislop, Rachael Metcalf from HR together with Occupational Health were taking on board what was happening and it was agreed that things could be done to have better use of the capacity that the Trust has.

Ms Booth-Gardiner asked if there was access to work issues querying if there was a structure in place. Ms Burns replied that nothing had come onto the radar that there was any problem but Ms Hislop, Ms Metcalf and Occupational Health were going to look further. Mr Dias added that the WDES report was covering by People Committee which considers the wellbeing of staff.

CoG/23/073 Patient Experience Sub Group

Mrs Young who is a member of the Patient Experience Sub Group gave an update to the Governors.

She raised three points to note:

1. The patient experience monthly report which was based on surveying patients consistently showed a fairly low score on noise at night. This issue had been raised over a number of years with noisy bins which were subsequently changed with soft close bins but just recently soft close bins were now due to be replaced with the noisy bins. Mrs Young confirmed that Ms Jen Little, Patient Experience Lead, was subsequently meeting with matrons and managers to look again at what could be done to minimise the noise at night.
2. Outdated leaflets. Unfortunately there were still a large number of outdated leaflets. She continued that it has recently been determined that the reading age for adults within our region was well below the national average in Middlesbrough with 17% of the populations aged between 16-65 around 283,500 have the literacy skills of 9-11 year olds. With this in mind the task of new patient information leaflets will be an enormous task.
3. Forget me Not cards. The Patient Experience Group received an update from Anna Wilson, Nursing Lead for dementia. Mrs Young briefly explained that the cards were completed so staff could look at the card and be aware of things that the patient likes – for example likes/dislikes with food, what they like doing, where they were born. Sadly only 45% of dementia patients had one by their bed and she stressed the importance of these cards being embedded in practice.

Ms Bytheway confirmed that she had frequently mentioned the Forget me Not cards in previous Council of Governor meetings as she agreed that they were vital in helping those patients with dementia while in hospital. Sadly she reported that she often finds the cards hidden away when she is volunteering on wards and would welcome them to be used more often.

Ms Burns added that she would have thought that STAQC would have incorporated the Forget me Not cards in assessing patient needs.

Dr Fordham spoke about the dementia audit adding that there were a number of interesting aspects with discharge planning being good and dementia planning being poor. He added that research and development needed improvement too. In relation to complaints he noted that the target for response to complaints was 80% but only 60% was being achieved.

Mrs Crampton queried why SERCO had gone back to replacing bins with noisy close bins. Prof Bell replied that the bins were being supplied by a different company. Mrs Crampton asked if it would be possible to be provided with a statement on what the relationship is with both the Trust and SERCO.

Prof Bell confirmed that he had recently attended his first Patient Experience meeting where he had noted that both the Agenda and Action log were very long and felt that these needed to be considered together with a cycle of business. He also thought that work needed to be carried out with Patient Experience and Patient Involvement Groups.

Mrs White and Prof Bell to discuss way forward with this sub group with Kate Jones.

Resolved: i) Prof Bell thanked Mrs Young for her update.

Action: i) Mrs White and Prof Bell to discuss with Ms Kate Jones way forward with sub group.

WELL LED

CoG/23/074 Audit and Risk Committee Chairs Log

Mr Ken Readshaw, Chair of Audit and Risk Committee ran through the Chair's log which covered the previous meeting held on the 20 September 2023.

He provided an overview of the key areas of work including that the Auditors Annual report was received.

Mr Readshaw concluded that the Annual Board Report had been a big area of work with engagement with staff adding that the Committee had been given lots of assurance.

Finally in relation to Joint Partnership Board he confirmed that this had not yet been embedded in assurance process but was currently being worked on and was eager to seek assurance.

Resolved: i) Prof Bell thanked Mr Readshaw for his update.

CoG/23/075 Board Walk Rounds

Prof Bell asked the Non-Executive Directors at the meeting if there were any board walk rounds to report to Governors.

Prof Bilous confirmed to Governors that he had recently visited the new discharge unit which he found very impressive and encouraged Governors to go along if possible for a visit too.

In addition Prof Bilous had also been through to the Cardiothoracic Unit which was also a very positive visit with the only concern being storage space but the patient pathway looked good.

Ms Wilson briefed the Governors on her recent visit to Ward 35 OMFS where it was fascinating to listen to the pressures with patients with cancer diagnosis and issues with workforce. She added that she was blown away with the 3D printers which help to reconstruct and how much this helps the patients together with the enthusiasm of the staff.

She concluded by detailing that the Sister had spoken to her about leeches that are kept in the fridge and she reflected on the difference of the high tech 3D machine and then the traditional way of treating with leeches.

Resolved: i) Prof Bell thanked both Prof Bilous and Ms Wilson for their update to Governors on wardrounds.

CoG/23/076 Feedback from Constituency meetings

Mrs White firstly thanked to all Governors who attended the meetings together with herself, Lead Governor and the Chairman.

She advised that three constituency meetings had taken place:

- Hambleton & Richmondshire
  This meeting took place at The Friary where Governors were initially taken to the refurbished ward and met staff.

- Middlesbrough
  This meeting took place at James Cook Hospital. Requests made at this meeting included a Whos Who of local constituency, Joint Council of Governors - it would be beneficial to have a card showing all North Tees Governors to refer to. Lastly engagement for all constituencies – discussion around joint Membership & Engagement meetings which may help with this.

- Redcar & Cleveland
  This meeting took place at Redcar Primary Care Hospital which was a lovely Hospital and very spacious. Governors visited the Clinical Diagnostic hub and during the meeting it was suggested that engagement with partner organisations would be a good idea.

In addition to suggestions above the following feedback was obtained:

- Update requested on staircase at the Friary. Mrs White confirmed that estates would provide update.
- Council of Governor meeting papers – request that these are received by Governors earlier to provide sufficient time to consider prior to meeting.

- AGM meet was very short and Governors felt it was difficult to ask questions on the report as it had not been seen. Prof Bell confirmed that consideration was being given to change the format of the AGM.
- Walkabouts – it would be good if these could be rolled out again as part of the Governor Development Sessions. Prof Bell agreed that these need to be organised.
- Governor expenses – seem to take a long time to be received. Mrs White wondered if it would be easier to have Governors moved onto the EASY system.

Prof Bell concluded this item by asking the Governors to provide feedback on the Council of Governor structure and with Non-Executive Directors who are the Chairs of the different committees.

He also offered thanks to both Mrs White and Mrs Keogh.

Resolved: i) Prof Bell thanked both Mrs White and Mrs Keogh for their continued support with Council of Governors.

Action: i) Estates to provide Governors with update on staircase at Friary.

GOVERNANCE

CoG/23/077 Matters to bring to the attention of the Board
Nothing was raised.

CoG/23/078 Reflections on the meeting
Nothing was raised.

CoG/23/079 Any other business
Prof Bell reminded Governors that the Carol Services would be taking place:

18 December – Friarage Hospital
19 December – James Cook Hospital

In addition Governors were advised that a large crane would be at the James Cook site from the 30 November until the 4 December. This would be immediately outside Accident & Emergency and would be closed off as they will be lifting porta cabins. The Trust was working with the highways to cause minimal disruption.

CoG/23/080 Date and time of next meeting
The next Joint Council of Governors is to take place Thursday 14 December 2023.

The date and time of the next Council of Governor meeting is Tuesday 16 January 2024 at James Cook Hospital.

Council of Governors Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
18.07.2023	CoG/23/026	**Joint Collaborative working**	Mrs Jackie White to invite Governors to public meeting for Joint Partnership Board	Jackie White		Board to Board took place 29.11.2023 - Governors invited	Closed
18.07.2023	CoG/23/27	**Lead Governor Report**	Mrs Jackie White to organise for Governors to have tour of discharge lounge	Jackie White		To be organised for February 2024 development session	open
21.11.2023	Development Session	**Healthwatch presentation**	Mrs Keogh to provide a copy of the presentation used to all Governors for information	Anita Keogh		Emailed to Governors - 21.12.2023	Closed
21.11.2023	Development Session	**BAF Presentation**	Mrs Keogh to provide a copy of the presentation used by Mrs White to all Governors	Anita Keogh		Emailed to Governors - 21.12.2023	Closed

21.11.2023	Development Session		Lucy Tulloch to return back to Council of Governors to look at strategic objectives for Trust & Group	Anita Keogh		Jackie White to provide instructions when this should take place - *Possibly around May or June 2024*	Open
21.11.2023	CoG/23/065	**Lead Governor Report**	Mrs Keogh to provide a copy of the slides from Mrs White with ideas on joint working	Anita Keogh		Copy of slides e-mailed to all Governors - 08.01.2024	Closed
21.11.2023	CoG/23/066	**Managing Director Report**	Mrs Keogh to provide a copy of the presentation used by Mr Harrison for information	Anita Keogh		Emailed to Governors - 21.12.2023	Closed
21.11.2023	CoG/23/068	**Resource Committee Chair Update**	Mr David Redpath to provide Governors with answer relating to procurement savings and difficulties in ordering IT	David Redpath			Open
21.11.2023	CoG/23/070	**Integrated Performance Report**	Dr Mike Stewart, Chief Medical Officer, to come to Council of Governors to discuss sepsis			Organised to take place at the 21 May 2024 Council of Governor meeting	Closed

21.11.2023	CoG/23/071	**People Committee Chairs update**	Mr Mark Dias to speak with Ms Rachael Metcalf re: Community Staff and increase in mileage	Mark Dias			Open
21.11.2023	CoG/23/071	**People Committee Chairs update**	Mr Mark Dias to bring findings of report re: underpay and overpay to next Council of Governor meeting	Mark Dias			Open
21.11.2023	CoG/23/073	**Patient Experience Sub Group**	Mrs White and Prof Bell to discuss sub group with Kate Jones	Mrs White / Prof Bell			Open
21.11.2023	CoG/23/076	**Feedback from Constituency Meetings**	Estates to provide update re : Staircase at Friary Hospital to Governors	Phil Sturdy			Open

South Tees Hospitals
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MEETING OF THE PUBLIC TRUST COUNCIL OF GOVERNORS – 20 FEBRUARY 2024			
Joint Chairman's update			**AGENDA ITEM: 6, ENC 4**
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	**Responsible Director:**	Professor Derek Bell Joint Chairman
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Trust Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒	
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒		

Joint Chairman's Update

1. Introduction

This report provides information to the Council of Governors on key local, regional and national issues.

2. Key Issues and Planned Actions

2.1 Group Development and joint working

I would like to formally welcome our new Group Chief Executive, Stacey Hunter who officially started in post on 1 February 2024.

The Joint Partnership Board met on 15 November 2023 and 17 January 2024. Work is progressing regarding governance arrangements for the Group, the workforce enabling strategy and the clinical services strategy. A further clinical engagement event took place on 24 January 2024, which was well attended by staff from both North and South Tees. An important event will be the signing of the Group agreement which will take place in February and will be attended by Sir Liam Donaldson, Chair, North East North Cumbria Integrated Care Board (NENC ICB).

2.2 Fit and Proper Person Test Framework

In the autumn of 2023 NHS England issued new guidance regarding the Fit and Proper Person Test (FPPT) and the implementation of a new framework to support the test, following recommendations in the Kark Report led by Tom Kark KC. I am pleased to report that work has concluded on the updated FPPT to sign off and submit to NHS England.

2.3 Maternity

I was pleased to be invited to observe the CNST maternity incentive scheme year 5 self-assessment check and challenge meeting in December. I was accompanied by the Maternity Services Board Champions and other key individuals within the Trust including some external stakeholders and partners. The Clinical Negligence Scheme for Trusts focusses on the delivery of safer maternity care.

In addition, the Maternity CQC National Team who visited in the Trust in 2023 published its report on maternity services at James Cook and the Friarage. The overall CQC rating for the Trust remains Good.

2.4 Staff Engagement

I attended the Friarage on 17 January 2024 to meet with Andrew Turley and colleagues to discuss a number of issues including the development of the surgical hub and the vision of where the Friarage sits in new Group partnership.

2.5 Council of Governors

We held the 2nd meeting of the Council of Governors from both South Tees and North Tees on 14 December 2024. Work continues to develop on areas which the two Councils can work together and how they can better share and communicate with each other. With the Lead Governors both Councils agreed to meet together 4 times a year with 2 development sessions plus 2 separate meetings one which will focus on the Annual General / Annual Members meeting. Meetings will take place across all four of the main sites starting in April.

2.6 Patient Safey Incident Framework

I attended with the Board training on the new patient safety incident framework which went live in the Trust on 29 January 2024. The Policy and Plan was previously shared and approved by the Board in October 2023.

2.7 Education event 21 February 2024

The programme for the education event being hosted by South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Trust is nearly developed. This is a great opportunity for the Boards and partners to hear about the work of the Universities who work with us in Teesside and their future plans. I am also looking forward to hearing from colleagues who have studied at the Universities and then became employees of the Trust.

3. Recommendation

The Council of Governors are asked to note the content of this report.

Professor Derek Bell
Joint Chair

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS – 20 FEBRUARY 2024			
Lead Governors Report			**AGENDA ITEM: 7, ENC 5**
Report Author and Job Title:	Janet Crampton Lead Governor	**Responsible Director:**	Jackie White Head of Governance & Co Secretary
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Update for Fellow Governors		
Background	In addition to period email updates, the Lead Governor has attended several meetings on behalf of the governing body which are summarised below.		
Assessment	The report provides a first written overview of the issues and events affecting the Governors or which have involved the Governors.		
Recommendation	Members of the Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒	
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒		

Meeting of the Council of Governors

20 February 2024

Lead Governor's Update

1. Introduction

This report provides information to the governors on the activities of the Lead Governor in the period since the last Council of Governors in November 2023.

2. Key Issues and Planned Actions

On behalf of all the Governors, may I record our great pleasure in having our new Group CEO Stacey Hunter with us at our meeting. We wish Stacey well in her new post and look forward to close and collaborative working with her. We will be demonstrating the abundance of experience, talent and commitment of our Council of Governors and inviting Stacey and her team to think of us as a resource and talent-pool to be utilised in the furtherance of the transformation programme and I will be giving Stacey a summary of what all that experience is and invite her to play us to our strengths in the furtherance of mutually-held ambitions for South Tees and our partners in the region.

In particular we offer added value in several key areas –

- Partnership Agreement – Several of us attended the formal signing ceremony of the Joint Partnership Agreement and were pleased to have been consulted and given an opportunity to observe and contribute on behalf of all governors. I have since met with James Bromily for an update on how the 4 main principles of the Partnership Agreement are being implemented and invited James and his colleague Maxine Crutwell to join us at our next Meeting in Common with North Tees so that they can give us an update. There is much activity going on – information on which is being provided by others at this meeting – that does not directly involve the Council of Governors but where we need to be mindful of the stresses and anxieties that staff in the hospital may be feeling. We are lucky that we have very committed Staff Governors on the Council and we will be looking to them to keep us informed of staff morale, but also feeding back that the health and wellbeing of staff is an active concern of the Council.

- Joint Collaborative Working – as governing bodies, the two Trusts are already working well together with the two Governance Heads for each Trust aligning processes, documents and working practices. In demonstration of the spirit of mutuality, we are

  i) working up an update of the action plan, rag-rating each objective to indicate progress, the latest copy of which is available with this report.
  ii) sharing in the development of new Governor Induction packs, and we are being consulted on the development of a new Constitution for the Group
  iii) agreeing design and production timescales for pop-up banners introducing 'Meet the Governors' sessions in each of our Trusts. The aim of these is to promote Membership of the Trusts and the benefits of considering becoming a Governor. I will be looking for governors to give 2 hours of their

time to 'man' the stand and I will be supplying a selection of dates and times. Related to this, we are promoting Membership and Engagement within the Trust with an information board on the Council of Governors – who we are, what we do – to be displayed on walls in the hospital alongside other information graphics on Who's Who at the Trust.

iv) Sharing Information – Governors will already be receiving news and bulletins about developments at North Tees, as Governors there are also receiving our news. This was requested by Governors and I hope that you are finding this informative and interesting. I would be interested to have your feedback.

- Routine Meetings – As Lead Governor I attend the Board of Directors Meeting as an observer and also the Board's Development Day but could not because of ill health. Zahida Mian, Deputy Lead Governor, attended a public session of the Board of Directors and I would like to take this opportunity to remind Governors this is an option open to them. I have also have monthly one-to-ones with the Chair, the Vice Chair, the Senior Independent Director and am arranging to spend time with other NEDs. Hopefully some of you will also request to get to attend these in an observer capacity (there are rules and reasons why we cannot become decision-making members of the committees and sub-committees) to better understand the finer grain and scope of NED activity beyond the reports they bring to CoGs. I try to share this information with you on a periodic basis to keep you posted, especially where there may be areas that affect our purpose of seeking assurance that hospital business is effective and seeking constantly to improve, or that may impact on our role of holding our NED and other colleagues to account.

- "Getting to Know You"
  - As Lead Governor I have only one or two more governors to meet in person or by phone. The table that was shared in the November meeting (please ask if you would like sight of it again) has now been added to with the following additional themes emerging

Governors' Induction – in the changing structure is the governors' role changing	Work is being done on the governors' induction pack partly to keep this current and updated but also to bring South Tees process more into line with North Tees, with a view ultimately inducting all governors collectively.
More requests for opportunities sought for ward rounds/hospital and site visits	We are aware North Tees has set off a programme of ward rounds and visits. We have begun place-based visits and work will be done on offering theme-based opportunities as well as those that come up as hospital estate changes (e.g. visit to The Friarage, the Discharge Suite etc).
Opportunities sought for closer working with NEDs	This is being addressed in a schedule of NEDs' portfolios (across both Trusts) to enable arrangements to be made one-on-one between NEDs and governors

Concerns include – • "What happens to issues/concerns/ideas that we feed up" • Voice of the patient • Personal time constraints	Action Log needed to record issues, result, and longer-term reviewing of the situation raised. Many governors see this as a key role, and seek clarity over the appropriate routes and means to representing the views of members and the wider public, and flowing back any service improvements or changes implemented in consequence. Despite time constraints that prevent more attendance, many of our Governors have reiterated their wish to be more closely involved in hospital activities and would like to learn more about different aspects. More walkabouts, place-based visits and development sessions are planned to facilitate this. Governors would like a period at the end of each CoG – 10 or 15 minutes – to review the meeting and air any concerns they'd felt unable to raise.
Public v Private CoG Meetings	Governors would welcome one agenda, strong feeling that only reserved items that need to be below the line should be in private session.

Finally, at our last CoG we had 15-20 minutes debrief on our own and this was felt to be a useful way to 'decompress' after a long and complex agenda. This will be available at the end of today's CoG. There is a huge amount of work being done behind 'our' scenes on developing the Group Model and I have asked that a simple graphic version of what is happening, how change is being introduced and embedded, and the pace of progress is produced to keep those of us not closely involved in these activities informed about the scale and pace of change.

3. Recommendation

The Council of Governors are asked to note the content of this report.

Janet Crampton
Lead Governor

NHS
South Tees Hospitals
NHS Foundation Trust

Chief Executive update to Council of Governors

Safety and Quality First

Finance

Safety and Quality First

Final Plan Submission (4 May 2023)

STATEMENT OF COMPREHENSIVE INCOME	Plan £000
Operating income from patient care activities	779,611
Other operating income	50,231
Employee expenses	-490,432
Operating expenses excluding employee expenses	-351,031
OPERATING SURPLUS/(DEFICIT)	**-11,621**
FINANCE COSTS	
Finance income	1032
Finance expense	-19,324
PDC dividends payable/refundable	-5,773
NET FINANCE COSTS	**-24,066**
Other gains/(losses) including disposal of assets	0
Corporation tax expense	0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**-35,686**
Add back all I&E impairments/(reversals)	2,694
Remove capital donations/grants/peppercorn lease I&E impact	1,181
Adjusted financial performance surplus/(deficit)	**-31,811**

- I&E Deficit £31.8m (3.8% of turnover)
  - CIP £39.4m (4.8% of turnover / 4.5% OpEx)
- Revenue Cash Support required £50.0m
  - w.e.f. September
- Gross Capex £40.6m
  - PFI Lifecycle £13.7m
  - PDC funded £15.0m
  - ICB CDEL £11.9m (draft allocation)

    Only 6.0% of £198.4m

REVENUE PDC SUPPORT	Plan £000
Quarter 1	0
Quarter 2	14,823
Quarter 3	20,250
Quarter 4	14,964
Total	**50,037**

GROSS CAPITAL	ICB £000	Other £000	Total £000
PFI Lifecycle		13,683	13,683
PFI enhancement change in law	1,500		1,500
Estates	4,633		4,633
Medical Equipment	3,200		3,200
IT	1,300	667	1,967
FHN Theatres	1,274	14,362	15,636
Total	**11,907**	**28,712**	**40,619**

Background – Month 9 Forecast

- Month 9 forecasts must reflect agreed system position with NHSE
- In addition, must reflect estimated impact of December and January strikes.
- Appropriate board governance sign-off required for forecast changes

- Extraordinary Board meeting held 9th January
  - Agreed to confirm delivery of £31.8m deficit
  - Assumes IA impact offset by retained PFI IFRS 16 benefit (£1.6m)

Forecast excludes:
- Further strikes
- Energy VAT pre-FY 23/24
- Audit PPA

Year to Date Delivery

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Plan	£1.9m	£4.2m	£7.4m	£10.4m	£11.7m	£14.8m	£18.2m	£21.5m	£23.5m	£26.4m	£28.7m	£31.8m
Variance	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£1.8m	£0.0m			£0.0m

YTD M9:

- Deficit: £25.5m
- Variance: £0.0m

FOT:

- Deficit: £31.8m
- Variance: £0.0m

N.B. Risks / Assumptions:

Assumed:

- ✓ *Strike / other pressures funding (FYE) £4.1m*
- ✓ *Strike impact M1–9*
- ✓ *ERF delivery 109% £8.1m & A&G £1.9m*
- ✓ *Medical Pay Award (1st) funding shortfall*
- ✓ *HCA B2-B3 arrears (to Sep 2021)*
- ✓ *Winter plan / pressures*
- ✓ *High Cost Drug & Devices Pressures*
- ✓ *Expected CVs accrued income £1m*
- ✓ *CDEL pressures (capex~revenue)*
- ✓ *PDC benefit (IFRS 16)*

Not Provided for:

- x *Consultant revised pay deal*
- x *Junior doctors negotiations*
- x *Industrial action impact (M10+)*
- x *ERF, A&G & CDC income clawback*
- x *Non Pay Inflation*
- x *Technical / Balance Sheet / PPA*
- x *Energy VAT (PFI) arrears*
- x *PFI IFRS16 I&E impact*
- x *PFI IFRS 16 PDC benefit clawback*

Performance

2

Safety and Quality First

Performance position

The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led.

Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position.

A&E 4-hour standard performance is steady and close to the national average. Reductions in A&E 12 hour waits and 12 hour delays following a decision to admit.

Ambulance handovers within 60 mins shows an improving trend too.

Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care.

RTT 18-week standard is maintained

Patients waiting more than 78 weeks for non-urgent elective treatment has reduced

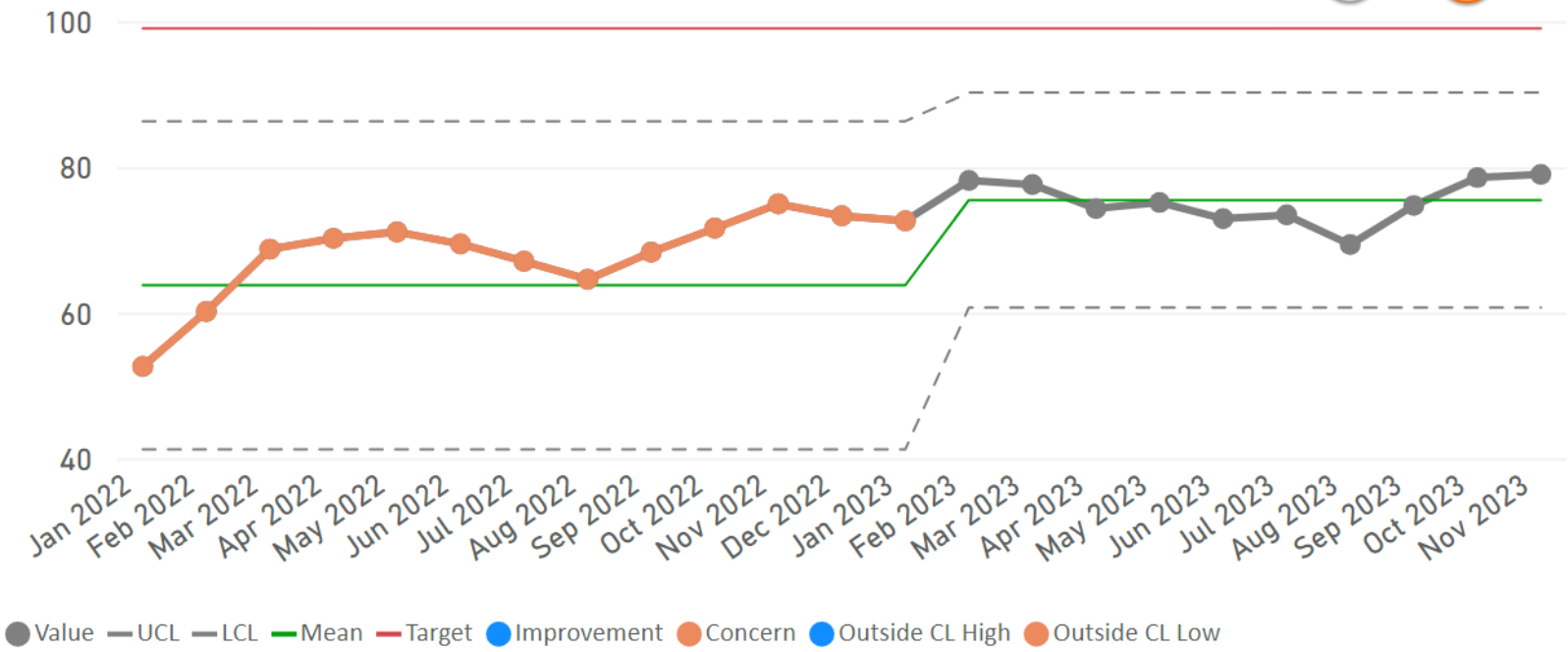
6 week diagnostic standard improved

For cancer, Faster Diagnosis Standard is above the 75% national target

Safety and Quality First

Diagnostic 6 Weeks Standard (%)

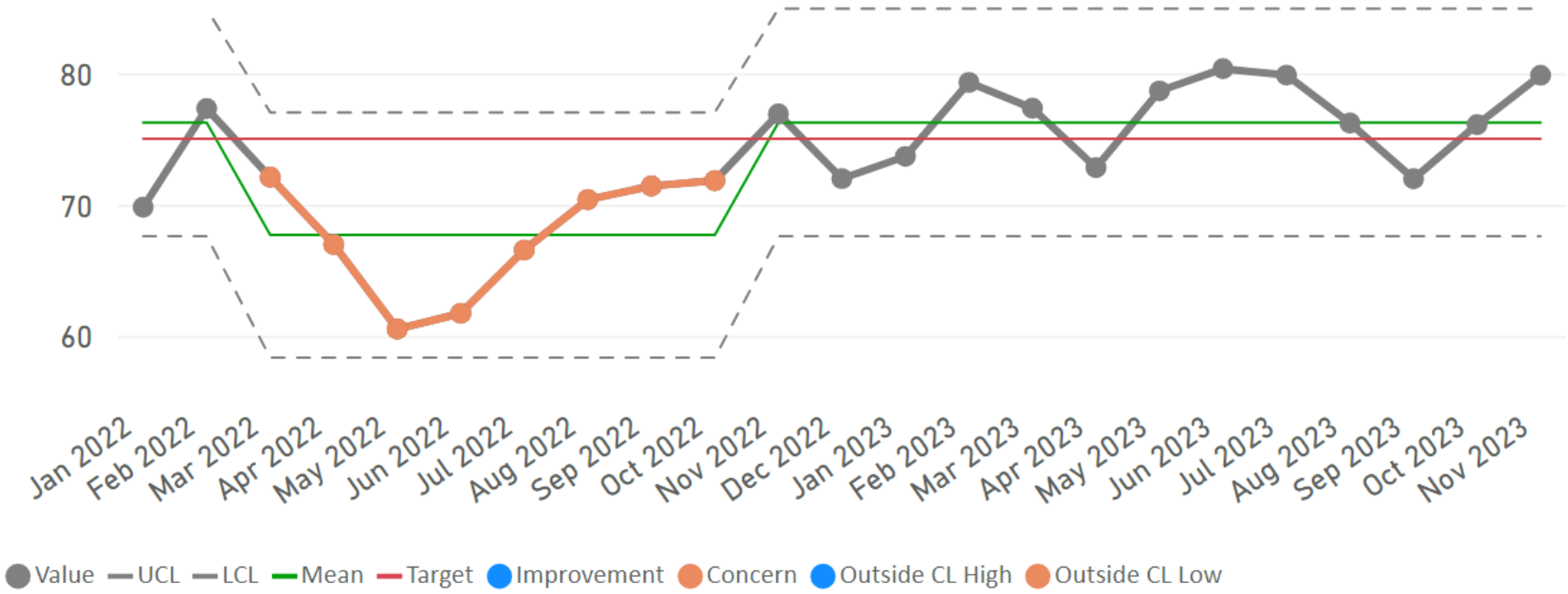
Month	Performance	Target	Trend	Assurance
Nov 2023	79%	99%		



Safety and Quality First

Cancer - Faster Diagnosis Standard (%)

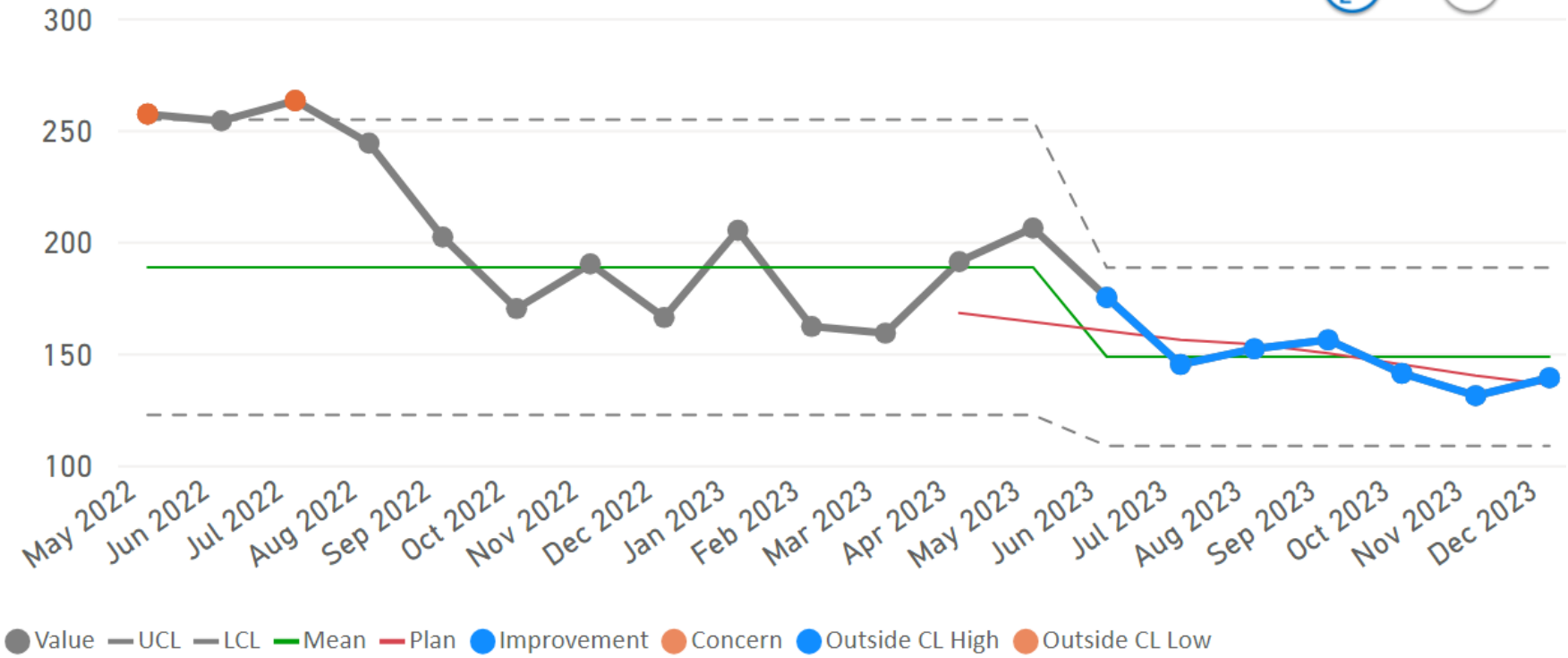
Month	Performance	Target	Trend	Assurance
Nov 2023	79.9%	75%		



Safety and Quality First

Cancer >62 Day Backlog

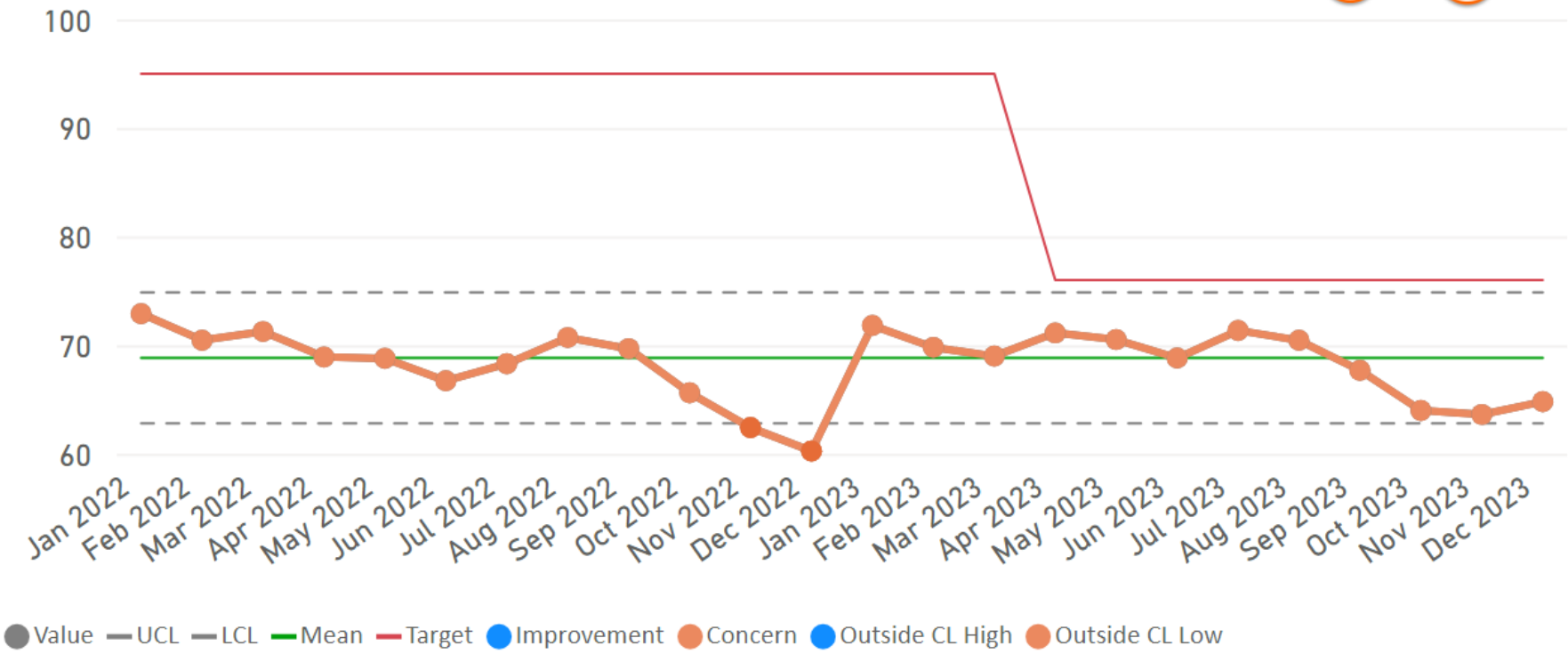
Month	Performance	Target	Trend	Assurance
Dec 2023	139	136		



Safety and Quality First

4-Hour A&E Standard

Month	Performance	Target	Trend	Assurance
Dec 2023	64.8%	76%	L	F



Safety and Quality First

NHS
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NHS Foundation Trust

Winter Update

Safety and Quality First

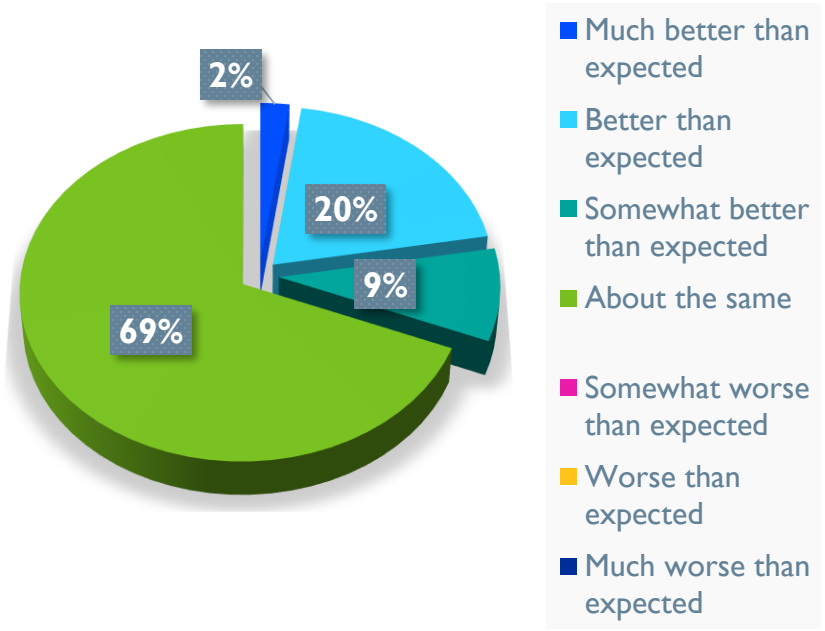
Quality

3

Safety and Quality First

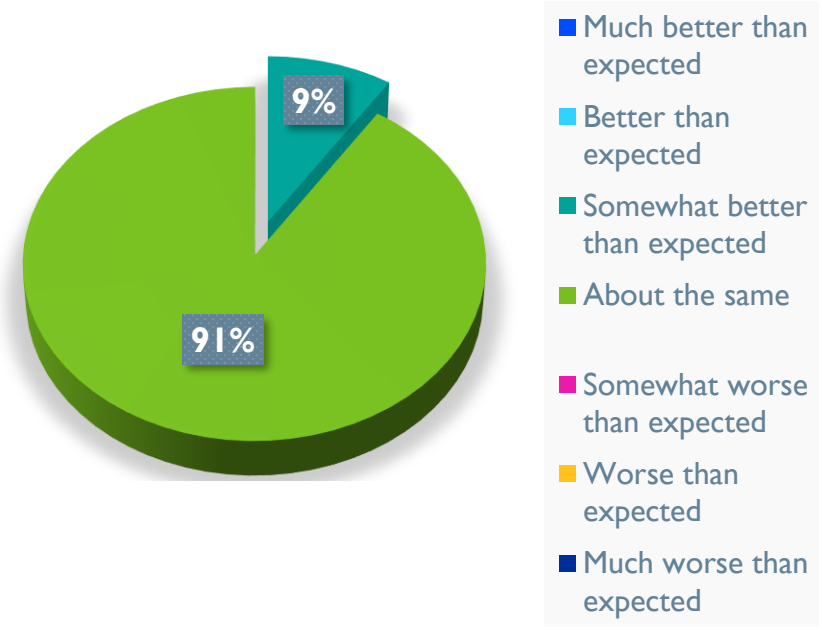
Patient Experience - National Survey Results

Adult Inpatient 2022



In comparison with the 133 trusts that took part in the Adult Inpatient survey, the trust scored 'Much better than expected' on 1 question 'Better than expected' on 9 questions, 'Somewhat better than expected on 4 questions and 'About the same" on 31 questions. The trust did not score worse than expected in any questions.

Maternity 2023



In comparison with the 121 trusts that took part in the Maternity survey, the trust scored 'Somewhat better than expected' on 5 questions and 'About the same' on 49 questions. The trust did not score worse than expected in any questions.

Safety and Quality First

Patient Safety Incident Response Framework (PSIRF)

The PSIRF replaces the Serious Incident Framework (SIF) established in 2015…

…and sets out NHS England's approach to developing systems and processes for responding to patient safety events with the aims of improving patient safety and learning lessons.

This new and innovative approach embeds learning from patient safety events within a wider system of improvement.

It is a cultural and system shift in our thinking, prompting a move away from a reactive and bureaucratic approach to safety to a more proactive approach.

PSIRF- how it is different

Improved experience for those affected:

- Expectations are clearly set for informing, involving, and supporting those affected by patient safety incidents, particularly patients, families and staff
- Aligned with ongoing research around improving patient and family involvement

More proportionate and effective response:

- Changes blunt rules to determine what to learn from and what not to learn from
- Resource planning based on thorough understanding of patient safety incident profiles and ongoing improvement activity.
- Supports organisations to be more proportionate, sensitive and considered in their approach

Better range of methods for learning:

- Promotes a range of methods for responding to and learning from patient safety incidents
- Moves away from RCA, which does not represent best practice
- Timelines are more flexible and set in consultation with the patient and/or family
- Quality of response and resulting improvement work is the priority

Strengthened governance and oversight:

- Regulators and ICSs will consider the strength and effectiveness of organisations' incident response processes
- Makes leaders of organisations providing healthcare accountable for how their organisation responds and improves following patient safety incidents.

How will we respond – National Priorities

There remain mandatory events where an investigation under the PSIRF is required. These events are listed below.

- Deaths thought more likely than not due to problems in care (which meet the criteria)
- Deaths of patients detained under the Mental Health Act (1983) or where the Mental Capacity Act (2005) applies, where there is reason to think that the death may be linked to problems in care
- Incidents meeting the Never Events criteria
- Mental health-related homicides
- Child deaths
- Maternity and neonatal incidents meeting Healthcare Safety Investigation Branch (HSSIB) criteria
- Deaths of persons with learning disabilities
- Safeguarding incidents meeting criteria
- Incidents in NHS screening programmes
- Deaths in patients custody/prison/probation
- Domestic homicide

How will we respond – Our Local Priorities

- Treatment / Procedure
- Medication
- Admission / Transfer / Discharge
- Care and treatment
- Maternity
- Mortality Review
- Harm
- Lost to follow up
- Missed diagnosis / Treatment
- Delayed diagnosis / Treatment
- Thromboprophylaxis
- Critical Medication related incidents
- Harm or potential for physical and /or psychological harm
- Harm or potential for physical and /or psychological harm
- Maternal postnatal readmissions
- Patient safety incidents identified as part of Mortality review process
- Incidents graded as fatal

Safety and Quality First

Well Led

4

Safety and Quality First

CQC update

- Trust CQC rating – Good across all domains

- Maternity services inspection – 21/22 August 2023 – Requires Improvement overall
  - Areas of good practice identified and further work required on recruitment to support maternity services across James Cook and the Friarage and Improvements to the building and environment at James Cook – we are continuing to seek investment to improve the environment in maternity services.

- IR(MER) - 9th November 2023 – not rated
  - Areas of good practice identified and further work to be undertaken on procedures, documentation in relation to research and equipment inventory

THANK YOU

South Tees Hospitals NHS Foundation Trust

Meeting: **Quality Assurance Committee**	**Date of Meeting**: 31/01/2024
Connecting to: **Board of Directors**	Chair : M Davidson

Key topics discussed in the meeting	

The following Assurance reports were considered:

- Board Assurance Framework , 8 reports at January 2024 QAC were considered for assurance for effective management of principal risks. Reports reflect the themes and priorities in the Monthly Integrated Quality and Performance report

- Maternity Services Perinatal Quality Surveillance report, October-November 2023
- CQC Ionising Radiation (Medical Exposure) Regulations , IR(MER) inspection outcome report
- Quality Accounts 2023/2024 Schedule noting a sign off at Board by 29 May 2024.
- Safeguarding Children and Adults Q3 report
- Patient Safety Incident Management report
- Patient Safety Incident Response Framework Plan , ratified by QAC and implemented on 29/01/2024
- Patient Experience and Involvement report

- Chairs' Logs from reporting groups..

Safe and Effective Care Strategic Group : meeting stood down

Health and Safety. Sub group : none received due to review of health & safety workstream

Safer Medication Practice Group : no matters for escalation to Board

Actions	Responsibility / timescale
• Deferred Q 3 Cancer Pathways report to Feb 2024	J. Ferguson February 2024
• QAC Terms of Reference to be reviewed together with a review of the Cycle of Business reports	I Bennett/ J White April 2024

Escalated items

- QAC noted that since the last meeting in December 2023 the CQC published (19/01/2024) inspection reports on Maternity services. The reports acknowledged a number of areas of outstanding practice and areas for improvement which are already being addressed . QAC thanked the staff for their hard work and ongoing care.

- Ratification of the Trust PSIRF Plan is a significant milestone, recognising the early work that has been taking place in 2023 to implement an approach which delivers more effective learning and safer care for patients .

- QAC noted the CQC IR (MER) report following inspection at James Cook Hospital and subsequent actions provides significant assurance .

Risks (Include ID if currently on risk register)	Responsibility / timescale
No risks to add at 31/01/2024	

South Tees Hospitals NHS Foundation Trust

Quality Assurance Committee

Meeting: **Quality Assurance Committee**	**Date of Meeting** 19/12/2023
Connecting to: **Board of Directors**	
Key topics discussed in the meeting	

The following Assurance reports were considered :

- Board Assurance Framework, included 10 reports for consideration at the December meeting of the QAC.
- CQC Progress Summary report provided moderate assurance that actions were on track. report
- Mental Health Strategy 2023-2026 QAC agreed the report provided significant assurance in relation to the consultation in developing the strategy and moderate assurance in relation to the Mental Health Improvement Plan.
- Learning from Deaths report, (Mortality report) provided moderate assurance, the Summary Hospital Level Mortality Indicator (SHMI) is “as expected” .The impact of increased capacity from the Nurse Reviewer was noted and welcomed.
- Safer Medication Monitoring report reflected the work of the Safer Medication Practice Group August to November 2023. An action plan to improve medicine reconciliation including use of EPMA however there is a lack of clinical pharmacy service on weekends.
- Infection, Prevention and Control quarterly report (Q2) summarising surveillance information and actions including the 3 key themes which continue to be reduction of patient movement , reduction of movement of staff and intense cleaning programmes. QAC also received a report on the management of a recent Norovirus outbreak, members were assured as the outbreak was contained expeditiously.
- Neonatal Nursing and Medical Staffing report, QAC noted the evidence of BAPM staffing compliance within the Neonatal unit recognising the mitigations in place include the “ cross covering” from Paediatric wards and use of NHSP bank as required.
- A review of Health and Safety Governance and assurances is in progress.
- QAC took limited assurance on the delivery of the Clinical Audit and Service Evaluation programme noting the challenges in completing the audits.
- Cancer Pathways report (Q2)
- Learning Disability 6 monthly report provided moderate assurance, noting emerging issues from new national statutory guidance.

- Chairs’ Logs from the following reporting groups
  - Safer Medication Practice Group
  - Safe and Effective Care Strategic Group

  No escalations from the groups

Actions	Responsibility / timescale
Mental Health Strategy to be added to schedule of Trust Board of Directors Development sessions	Lead - J White, time tbc
An update on the review of Health and Safety governance structures	Lead - P Sturdy. February 2024 QAC

Escalated items	
Items to note The Independent report into David Fuller was published November 2023, I Bennett is conducting a gap analysis against the 17 recommendations to NHS Trusts , will report through committee structures The Thirlwall Inquiry has been established to examine events at the Countess of Chester Hospital and the implications of those events.	
Risks (Include ID if currently on risk register)	**Responsibility / timescale**
* The work on the Health and Safety governance review and reporting structures should be reflected on the Risk Register * Following discussion about breast and cosmetic implants, propose to request an audit by PwC to assess clinical effectiveness risk.	P Sturdy / J White January 2024 T Roberts / Dr M Stewart February 2024

South Tees Hospitals NHS Foundation Trust

Meeting: **Quality Assurance Committee**	**Date of Meeting**: 29/11/2023
Connecting to: **Board of Directors**	Chair : M Davidson

Key topics discussed in the meeting	

The following Assurance reports were considered:

- Board Assurance Framework
- A 6 monthly report detailing the activity of the Research and Development department,
- Falls report : Quality Improvement Plan.
- Pressure Ulcer Quality Improvement Plan , with additional work ongoing in the community .
- Q2 Quality Priorities Update report,
- A suite of Neonatal and Maternity services reports for assurance that services are meeting national recommendations…these included the Perinatal Quality Surveillance Model reports and staffing reports.Actions are addressed by the Neonatal and Maternity Improvement Group.
- Q2 Patient Experience report , QAC acknowledged the progress made and that with the actions in place provide moderate assurance.
- Adult Inpatient National Survey report, response was higher than national average , the Trust Patient Experience Steering Group will monitor action plans .
- National Cancer Patient Experience survey report
- Chairs' Logs from reporting groups..Safe and Effective Care Strategic Group , Safer Medication Practice Group…no identified escalations to Board of Directors

Actions	Responsibility / timescale
• Deferred Q2 Cancer Pathways report to QAC	J. Ferguson December 2023
• Q2 Clinical Effectiveness report and Clinical Audit report for further discussion at QAC	T .Roberts December 2023
• An update on Sepsis work was requested for QAC and the Board	M. Stewart December 2023

Escalated items
• QAC commended the successful Patient Safety Day ,that was held on 28/11/2023

Risks (Include ID if currently on risk register)	Responsibility / timescale
No risks to add on 29/11/2023	

South Tees Hospitals NHS Foundation Trust

January Resources Committee Chair's Log

Meeting: Resources Committee	**Date of Meeting** 25/01/2024
Connecting to: Main Board	Chair David Redpath
Key topics discussed in the meeting	

Financial position for Month 9

The Trust plan for the 2023/24 financial year is to deliver a £31.8m deficit, as part of the ICS plan to deliver a £49.9m deficit at a system level.

The adjusted financial position for the purpose of system performance was a deficit of £23.5m. The year-to-date financial position is on plan. At Month 9 the Trust's forecast outturn position was in line with plan for the 2023/24 financial year.

Cost Improvement Programme (CIP)

Total delivery against the year-to-date target at month 9 stands at £27.7m (99.7% of YTD target). The current forecast year-end delivery is £38.4m, which is 97% of the annual target.

Recurrent savings is currently at 63% which is significantly ahead of region at 38%.

2024/25

Current indications from the system financial recovery plan development work are that providers may need to deliver up to 5% in 2024/25 which will represent a significant increased CIP target for all Trusts in the system.

Expanding Thoracic Surgical Services

The committee reviewed and approved the business case for expanding Thoracic surgical services, subject to ICS approval. The next step is for it to be taken forward for funding discussions with the specialised commissioners – ICB / Norther Cancer Alliance

Long waiters Improvement

Services are taking a range of positive actions to achieve zero 78-week waiters and zero 65 week waiters.

The Trust is still forecast to achieve zero 78-week waiters.

The Trust has also been able to update the regional NHSE team of an improved forecast for 65-week waiters.

Procurement Update

Update received on strong performance against the £3m stretch target. An update was provided on the new NHS Commercial Framework regime.

Actions	Responsibility / timescale
Cellular Pathology Business Case Update. Agreed Ms Swaddle will bring back to Committee a statement stating where we are with getting people on board. Green Plan - NED/Executive sponsorship of the Green Plan requested – Jackie White Asset management plan for IT equipment to be drafted – Manni Imiavan	
Escalated items	
Key Issues/ Concerns for escalation: • Challenging CIP target for 2024/25	
Risks (Include ID if currently on risk register)	**Responsibility / timescale**
No Additional Risk Identified	

South Tees Hospitals NHS Foundation Trust

November Resources Committee Chair's Log

Meeting: Resources Committee	**Date of Meeting** 30/11/2023
Connecting to: Main Board	Chair – David Redpath
Key topics discussed in the meeting	

Financial position for Month 7

At Month 7 the reported position is a deficit of £18.2m at a system control-total level, which is in line with the year-to-date plan

Cost Improvement Programme (CIP)

The Trust's 2023/24 financial plan includes an efficiency saving requirement of £39.4m. Total delivery against the year-to-date plan stands at £20.4m (97.0%) at Month 7

EDRMS

The committee was presented with a paper on the way forward with the next phase of the Electronic Document and Records Management System.

Digital

We received the updated Digital paper and are pleased with the progress relating to the EPR.

Achievement of Capital Programme

The 23/24 capital spend allocated to this year's capital programme has previously been apportioned across the approved schemes. The capital programme has been enhanced with the securing of £10m PDC funding for the creation of an Urgent Treatment Centre which will support the enhancement of the ED service.

CT Scanner (FNH and Redcar) FNH

The scheme has now been completed and handed over to the Service. Redcar – Work is on-going to secure the contractual arrangements between the Parties, with a planned start on site of early January 2024.

Friarage Surgical Centre (Theatres), and Urgent Treatment Centre (James Cook)

Work continues in line with the plans.

Green Plan

The updated green plan was presented to the committee and welcomed as a good update – the committee asked for further work to be completed regarding partnership working, particularly local partners and to look into other schemes such as LED lighting replacement which could have zero capital outlay

Actions	Responsibility / timescale
Consideration of resources for the digital agenda within the Group model	

Escalated items
Key Issues/ Concerns for escalation: No specific issues to highlight

Risks (Include ID if currently on risk register)	Responsibility / timescale
No Additional Risk Identified	

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST COUNCIL OF GOVERNORS – 20 FEBRUARY 2024			
Integrated Performance Report			**AGENDA ITEM: 12** **ENC 9**
Report Author and Job Title:	Anna Easby Information Officer Business Intelligence Unit	**Responsible Director:**	Sam Peate Chief Operating Officer
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	To provide the Council of Governors with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance. The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions. Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.		
Assessment	Changes to metrics for December IPR, are as follows: **SAFE** domain: Community pressure ulcer metrics are now expressed as a rate per 1,000 contacts. **EFFECTIVE** domain: No change. **CARING** domain: No change. **EQUITABLE** domain: No change. **RESPONSIVE** domain: No change. **WELL LED** domain: No change.		

	Our key messages for December are: The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led. Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position. For November, A&E 4-hour standard performance was affected by the early start of winter pressure demand in the region but did improve from October. Subsequently there were also rises in ambulance handover delays, 12 hour delays following a decision to admit and 12 hour delays from arrival but as a proportion of attendances, the Trust significantly outperformed the regional and national trend. Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care. During October, Elective access (RTT 18-week standard) was maintained and keeps performing ahead of the national trend. Extra focus is being given to reducing the number of patients waiting more than 65 weeks for non-urgent elective treatment, in line with national requirements. Total elective growth continued slightly behind plan but within that 1st OP appt activity was amongst the highest in the ICS. Performance against the 6 week diagnostic standard showed a further marked improvement resulting from planned extra radiological capacity. The Trust returned to compliance against the national target for 28 day Faster Diagnosis Standard. The Cancer 62-day accumulation continues to reduce and kept ahead of the planned improvement trajectory. The Cancer 62 day standard performs lower as treatment is prioritised for the longest waiters.
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐
Recommendation	Members of the Public Trust Council of Governors are asked to receive the Integrated Performance Report for December 2023.

Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	All BAF risks	
Legal and Equality and Diversity implications	There are no legal or equality and diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒	

South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

December 2023

OVERSIGHT

RESPONSIBLE DIRECTORS		BOARD SUB COMMITTEE
Dr Hilary Lloyd, Chief Nursing Officer	Safe, Caring	Quality Assurance Committee
Dr Michael Stewart, Chief Medical Officer	Effective	Quality Assurance Committee
Samuel Peate, Chief Operating Officer	Responsive	Resources Committee
Dr Michael Stewart, Chief Medical Officer	Equitable	Quality Assurance Committee
Chris Hand, Finance Director	Well Led	Resources Committee
Rachael Metcalf, Human Resources Director		People Committee

Audit and Risk Committee

CHANGES THIS MONTH

National context reflects 2023/24 NHS Operational Planning Guidance.

SAFE domain:

Community pressure ulcer metrics are now expressed as a rate per 1,000 contacts.

EFFECTIVE domain:

No change.

CARING domain:

No change.

EQUITABLE domain:

No change.

RESPONSIVE domain:

No change.

WELL LED domain:

No change.

NATIONAL CONTEXT

In 2023/24 we have three key tasks. Our immediate priority is to recover our core services and productivity. Second, as we recover, we need to make progress in delivering the key ambitions in the NHS Long Term Plan. Third, we need to continue transforming the NHS for the future.

Recovering our core services and productivity

To improve patient safety, outcomes and experience it is imperative that we:

- improve ambulance response and A&E waiting times
- reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- make it easier for people to access primary care services, particularly general practice.

Delivering the key NHS Long Term Plan ambitions and transforming the NHS

- Prevention and the effective management of long-term conditions are key to improving population health and curbing the ever increasing demand for healthcare services.
- put the workforce on a sustainable footing for the long term.
- level up digital infrastructure and drive greater connectivity.
- Transformation needs to be accompanied by continuous improvement.

The Trust Improvement Plan has been updated for 23/24 to reflect the progress we have made and summarises our strategic priorities, the ambition of our clinically-led Collaboratives and the actions we will be focusing on this year.

SINGLE OVERSIGHT FRAMEWORK SUMMARY

NHS Oversight Framework Summary	Urgent & Emergency Care					Elective care										Cancer			
Provider	A&E 4 hour standard	12 hour delay from DTA	% A&E Type 1 Attendances >12hrs from arrival	Ambulance handovers 30-60 mins	Ambulance handovers 60+ mins	RTT - 18 week standard	52+ week waits	65+ week waits	78+ week waits	104+ week waits	RTT total Waiting List	OPFU - YTD growth 23/24 v 19/20	1st OP - YTD growth 23/24 v 19/20	Total elective - YTD growth 23/24 v 19/20	Diagnostic activity 23/24 v 19/20	Diagnostic 6 week waits	Cancer 62 day	Cancer 62 day backlog	Cancer treatments	Cancer 28 day FD
Data period	Nov-23	Nov-23	Nov-23	Nov-23	Nov-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Nov-23	Oct-23	Oct-23
Target	95%	Zero				92%	23/24 Plan	23/24 Plan	Zero by Mar 23	Zero by Jun 22	23/24 Plan	<=75%	109%	109%	120%	<=1%	85%	23/24 Plan		75%
South Tees Hospitals NHSFT	68.0%	99	4.8%	439	233	64.6%	1,616	478	43	0	52,722	104%	106%	104%	113%	21.5%	55.8%	128	306	75.9%
NENC ICS Provider level *(including IS providers)*	74.7%	783	6.1%	2,335	1,047	70.8%	8,720	2,361	292	14	405,602	104%	102%	109%	115%	14.7%	63.4%	1,077	1,886	77.4%
North East & Yorkshire	71.2%		7.7%			64.6%										19.3%	62.5%			73.6%
National	69.7%		10.9%			58.2%										24.7%	63.1%			71.1%

The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led. Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position. For November, A&E 4-hour standard performance was affected by the early start of winter pressure demand in the region but did improve from October. Subsequently there were also rises in ambulance handover delays, 12 hour delays following a decision to admit and 12 hour delays from arrival but as a proportion of attendances, the Trust significantly outperformed the regional and national trend. Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care. During October, Elective access (RTT 18-week standard) was maintained and keeps performing ahead of the national trend. Extra focus is being given to reducing the number of patients waiting more than 65 weeks for non-urgent elective treatment, in line with national requirements. Total elective growth continued slightly behind plan but within that 1st OP appt activity was amongst the highest in the ICS. Performance against the 6 week diagnostic standard showed a further marked improvement resulting from planned extra radiological capacity. The Trust returned to compliance against the national target for 28 day Faster Diagnosis Standard. The Cancer 62-day accumulation continues to reduce and kept ahead of the planned improvement trajectory. The Cancer 62 day standard performs lower as treatment is prioritised for the longest waiters.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2345	2070	Dec 2023		
Serious Incidents	12	9	Dec 2023		
Never Events (YTD)	3	0	Dec 2023	N/A	N/A
Falls	172		Dec 2023		N/A
Falls Rate %	4.5	6.6	Dec 2023		
Falls With Harm	6		Dec 2023		N/A
Falls With Harm Rate %	0.2		Dec 2023		N/A

Incidents

There have been consistently high levels of incident reporting within the Trust for a sustained period. The trajectory was updated to indicate our aim to at least maintain this level of reporting for the 12 months leading up to Patient Safety Incident Response Framework (PSIRF) implementation. The trust will review again when PSIRF launches at the end of January 2024. The number of Serious Incidents reported increased to 12 during December, as there were 6 incidents of inpatient falls resulting in hip fracture reported in month.

There has been one Never Event reported in December. Learning from incidents continues to be shared at a local level with clinical colleagues, as well as across the wider organisation and with our system partners. The trust went live with Learning From Patient Events (LFPSE) during November; the impact on incident reporting will be monitored.

Falls

During winter we would usually see a rise in the number of falls, in keeping with increased acuity, higher numbers of patients on wards, and December's data corresponds with expectations. We can see a slight increase in hip fracture injury during December, which have been reviewed and learning shared. The overall number of falls continue to remain inside the trust control limits. We continue to monitor all fall information submitted via Datix which is reviewed daily. Serious incidents are followed up and reports are signed off by the trust fall strategic lead. Our focus is to improve patient experience and work towards preventing falls. The falls prevention plan has been agreed at safe and effective care group meeting and quality assurance committees. The plan focuses on enhanced patient care, environmental safety, organisational preparedness, engagement with patients, families and carers, organisational responsiveness and engagement and training for staff. The plan was launched at a falls prevention workshop in December. We have also commenced our falls improvement group, who are tasked with overseeing the implementation of the plan. A falls education coordinator will commence in post in February 2024.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.4		Dec 2023		N/A
Category 2 Pressure Ulcers Community Rate (Per 1000 Active Patients)	10.9		Dec 2023		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.2		Dec 2023		N/A
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Active Patients)	2.2		Dec 2023		N/A
Medication Incidents	108		Dec 2023		N/A
Omitted Critical Doses (%)	3.5%		Dec 2023	H	N/A
Medications Reconciled Rate %	64%	80%	Dec 2023		?
Medications Reconciled 24hrs %	27%	80%	Dec 2023	L	F
C-Difficile (YTD)	100	81	Dec 2023	N/A	N/A
MRSA (YTD)	0	0	Dec 2023	N/A	N/A
E-Coli (YTD)	100	103	Dec 2023	N/A	N/A
Klebsiella (YTD)	47	37	Dec 2023	N/A	N/A
Pseudomonas (YTD)	18	10	Dec 2023	N/A	N/A

Pressure Ulcers

The rate of hospital-acquired pressures ulcers remains within expected variation with no significant change throughout the organisation. A scoping exercise has been completed and all areas not using Purpose T/SSKIN have been identified and training has commenced. The risk assessment is embedded into practice and the frequency of completion has been increased to 24 hours for those patients stratified to the green pathway. There is now an extensive Pressure Ulcer improvement plan focussing on pressure ulcer risk assessment, reporting, Data, workflow, PSIRF and patient engagement. Education and training continues in clinical areas. Focus has been targeted on completion of the risk assessment tool to comply with NICE guideline and the CQUIN target. The review of pressure ulcer investigations is on-going and pending the first phase of PSIRF roll out. A pilot of pressure ulcer safety huddles that includes multi-professional reviews at the time of pressure ulcer reporting for new or deteriorating category 2 pressure ulcers identified on wards continues. Preliminary data suggests a reduction in deterioration to Category 3 & 4 pressure ulcers in all pilot areas. This will be evaluated to monitor and if we have seen a reduction in the number of Pressure ulcers, determine what works well and if any alterations need to be considered.

Medications

Medication incidents reported in December have slightly reduced due to a reduction in reporting from the clinical pharmacy team due to staff sickness. Critical Omitted doses have reduced slightly again this month and work continues to work through the action plans of the top-10 clinical areas of non –compliance. Medicines reconciliation data is now being displayed differently due to a change in data collection, to present the overall medicines reconciliation activity (as a percentage of all relevant admissions) and the percentage achieved within the first 24-hours of admission. There has been a fall in December figures due to high staff sickness within the clinical pharmacy service leading to a lower number of medicines reconciliation.

Healthcare acquired infections

There were no new MRSA reported in December. We saw a reduction in C. difficile cases from last year in December, and we are above trajectory, but slightly fewer than the same period last year. IPC precautions for isolating patients with C. difficile continue to be prioritised. Additional cleaning remains a priority and in line with national guidance, this is followed by the addition of Hydrogen Peroxide vapour across all sites. There continues to be reviews around cleaning efficacies including a trial of UV light at the Friarage site. Gram negative organisms continue to rise with the Pseudomonas relating to a previous outbreak (now closed). Increased focus relating to ANTT (Aseptic Non-Touch Technique) remains a priority along with Antimicrobial Stewardship alignment for 2024. Additional to this there is a collaborative regional approach moving forward relating to gram negative organisms which is planned for January 2024. The organisation is also involved with a national approach to reduction of these organisms.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	408		Dec 2023	N/A	N/A
Breast feeding initiated (48 hrs)	61.5%	74.5%	Dec 2023		
Preterm birth rate <26+6 wks	0.7%	6%	Dec 2023		
Preterm birth rate 27 - 36+6 wks	6.2%	6%	Dec 2023		
Induction of Labour (%)	38.3%	44%	Dec 2023		
Number of 3rd/4th degree tear (%)	1.2%	3.5%	Dec 2023		
PPH > 1500ml (%)	1.9%	2%	Dec 2023		
Still Births (YTD)	18	17	Dec 2023	N/A	N/A

Maternity services

The pre-term birth rate for babies 27-36+6 weeks gestation is within expected variation. For our Trust this can be higher than the standard rate due to the specialist nature of the service and the proportion of high-risk pregnancies managed within the Trust. Our data is cross checked with other similar units via national maternity dashboard and we are following the national average.

Breastfeeding initiation rates are below target, as is reflected in the regional public health statistics. The Trust is UNICEF baby-friendly accredited. Our initiation figure was on an upward trajectory which is testament to the education and information which is being provided on healthy relationships and infant feeding however has slipped back this month to below 60%. Our online antenatal education classes are well attended with good outcomes. Our new vulnerabilities team also enhance our public health work and from December 2023 we have 2 fixed term infant feeding support workers based on ward 17. They will also see patients on antenatal ward and delivery suite.

There is no national or regional target set for the Induction of labour (IOL) and therefore this is a Trust indicative standard. Mechanical induction has been launched and will be evaluated. An away day to look at induction is planned for January 2024.

Harm as indicated by 3rd/4th degree tears during childbirth is consistently better than the expected standard. These are monitored via 3rd/4th degree audit database.

Post-partum Haemorrhage (PPH) rates fluctuate. All cases are reviewed to ensure guidelines are followed; PPH is in the annual MDT obstetric emergency/simulation training. The Trust PPH rate is currently below the national average (September 2023 national maternity dashboard). The Trust will be participating in the Obstetric UK PPH Prevention Study commencing early 2024.

Perinatal Quality Surveillance Model: We reported no serious incidents in December. We reported one baby death to the Perinatal Mortality Tool and this case will be reviewed in full by an MDT team. There were 2 moderate harm incidents. Duty of candour has been completed and all cases have been through the rapid review process and are having further review undertaken. We have achieved 90% training compliance requirements in Quarter 2.

All maternity standards are reviewed monthly by the Maternity Services and reported to Quality Assurance Committee and the Local Maternity and Neonatal System Board.

EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6%		Oct 2023		N/A
Sepsis - Oxygen delivered within 1hr	100%	95%	Nov 2023		
Sepsis - Blood cultures within 1hr	71.4%	95%	Nov 2023		
Sepsis - Empiric IV antibiotics within 1hr	71.4%	95%	Nov 2023		
Sepsis - Serum lactate within 1hr	71.4%	95%	Nov 2023		
Sepsis - IV fluid resuscitation within 1hr	73.8%	95%	Nov 2023		
Sepsis - Urine measurement within 1hr	100%	95%	Nov 2023		
Summary Hospital-Level Mortality Indicator	110	100	Jul 2023		
Comorbidity Coding	4.1		Aug 2023		N/A

Readmission rates

The emergency readmission rate remains within current expected variation.

Sepsis

We deliver each of the elements of the sepsis care bundle within one hour at least 70% of the time. The evidence base to elements of the sepsis six bundle care bundle have more recently been challenged. Updated NICE guidance is currently under consultation and due to be published January 2024. Review of the draft guidance suggests that patients are stratified into treatment bundles dependent on their severity of illness. An audit of compliance to the delivery of sepsis 6 is currently being undertaken aligned to the anticipated publication whereby patients with a NEWS ≥ 7 will be treated as high risk of severe illness or death from sepsis.

Actions:

- AIM course extended to incorporate core sepsis training alongside the sepsis course.
- Proposal to mandate sepsis teaching to be presented at statutory training steering group.
- Delay in sepsis antimicrobial guidance due to high level discussion regarding some treatment regimes – consultant review.
- Revision of blood culture guidance to be led by AWG – 23 January 24.
- Digital Paediatric acutely ill patient assessments approved in Patientrack.
- Sepsis 'in-house' e-learning in development.

Mortality

Summary Hospital-level Mortality Indicator (SHMI) of 110 for the latest official reporting period, September 2022 to August 2023, is 'as expected'. The data processing anomaly with the volume of spells used to calculate SHMI November 2022 remains in the data but has not recurred.

Currently 2.6% of spells in England are removed because they have a COVID code and spells included in SHMI are at 91% of pre-pandemic levels (both broadly stable).

Reports to the Trust's governance committees show that Medical Examiner (ME) scrutiny remains at >95%, with approximately 10% referred for further review. Progress has been made in reforming the processes and the waiting list for mortality review has fallen to ~50 cases. The government has announced that the independent ME service will move to a statutory basis from April 2024 with some accompanying changes to the process of completion of the Medical Certificate of Cause of Death. The ME service supported by the Trust is working towards full implementation of the requirements and is making good progress.

CARING

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	79.8%	78%	Dec 2023		
Inpatient Experience (%)	96.8%	94%	Dec 2023		
Maternity Experience (%)	83.2%	92%	Dec 2023		
Outpatient Experience (%)	97%	93%	Dec 2023		
Community Experience (%)	98.4%	94%	Dec 2023		
New Complaints	17		Dec 2023		N/A
Closed Within Target (%)	52.2%	80%	Dec 2023		

Patient experience

Emergency Department Friends & Family Test (FFT) has increased and is above target, although will continue to be monitored locally. The main theme raised is waiting times. The Inpatient FFT score has remained stable since March and continues to perform better than target. The Patient Experience Team are currently working with the supplier to roll out the FFT question across all inpatient areas.

The Friends & Family Test score reported in Outpatients and Community services both show a slight decrease, however, consistently perform above target. The new approach will be piloted in Community services with the aim to increase the response rate.

The Maternity Friends & Family Test score reflects feedback captured in the Antenatal, Birth and Postnatal surveys. The percentage positive response has decreased and is below target. Comments from the surveys are continually reviewed by the Maternity team to identify areas for improvement and these are monitored though the Patient Experience Steering Group. The main themes identified relate to delays in appointments, Induction of labour and discharge. The service held an away day to review the process for the Inductions of labour. Post-natal analgesia is under review by the Anaesthetic team.

Closed within target

The proportion of complaints closed within target timeframe remains below standard, however, has increased on the previous month. Complaint timeframes continue to be a priority and the actions commenced in April 2023 continue. The new complaint process commenced on 2 January 2024, following the quality improvement programme in 2023. The new process ensures early contact, within 24 hours, is made with the complainant to offer an early resolution. If the enquiry is not resolved this will be complaint and a response timeframe, dependent on complexity will be determined. It is predicted there will be an increase in complaints logged, as the PALS 'concern' has been removed from the process, as per the Parliamentary and Health Service new complaint framework. This work is overseen by the Patient Experience Steering Group.

Learning from complaints

Aspects of clinical care continues to be the main theme coming from upheld complaints. Learning and themes from complaints are systematically shared with clinical colleagues.

EQUITABLE

Elective inpatient PTL Inequalities: Deprivation

Latest PTL by IMD quintile

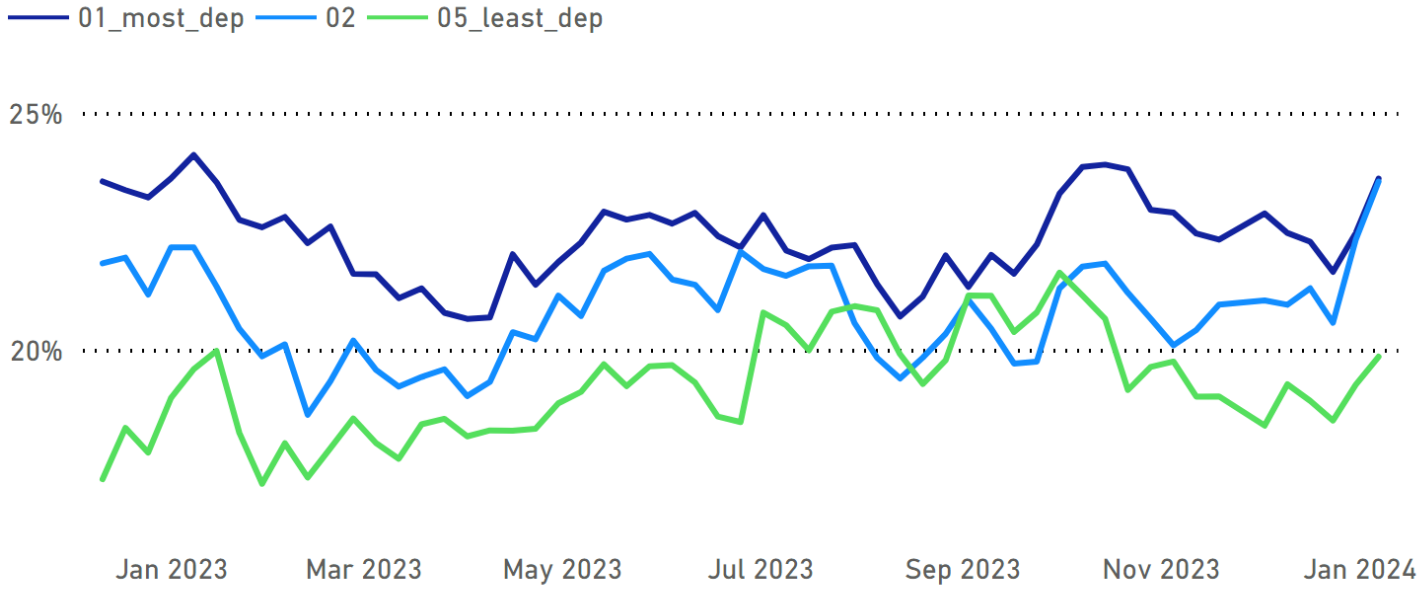
IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	2090	646	24%	2736
02	1211	373	24%	1584
03	1176	314	21%	1490
04	1757	477	21%	2234
05_least_dep	1292	320	20%	1612
N/k	880	121	12%	1001
Total	**8406**	**2251**	**21%**	**10657**

IMD is taken from patient's postcode of residence

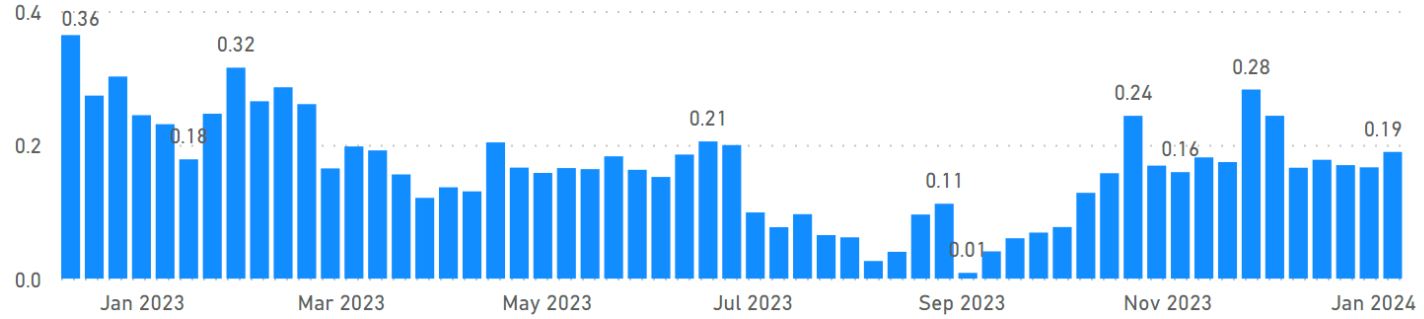
Long Waiters:
P2 › 3 weeks
P3 › 3 months
Any › 52 weeks

In Standard: All others

Long waits as % of total PTL for Quintiles 1, 2 & 5



Variance of Quintile 1 % long waiters to Quintile 5 % long waiters



This graph compares the proportion of long waiters for quintile 1 with the proportion for quintile 5. So if quintile 1 is 25% and quintile 5 is 20% then quintile 1 is 25% higher than quintile 5. If the values are positive quintile 1 patients are more likely to be long waiters than quintile 5 patients

The Trust serves some of England's most deprived wards. The waiting list is monitored to ensure to equitable access. Deprivation may be correlated with patient's ability to attend appointments, and with poorer health, leading to longer and more complex care pathways.

EQUITABLE

Elective inpatient PTL Inequalities: Ethnicity

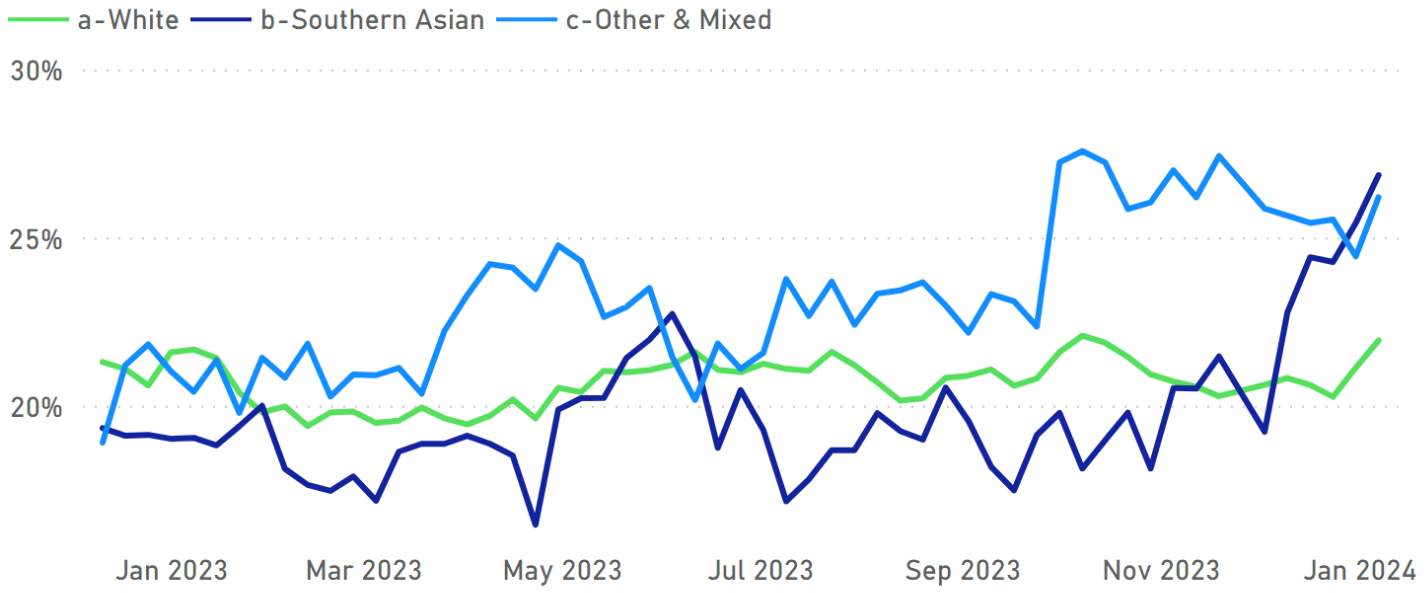
Latest PTL by IMD quintile

Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
a-White	**6677**	**1877**	**22%**	**8554**
b-Southern Asian	**128**	**47**	**27%**	**175**
c-Other & Mixed	**169**	**60**	**26%**	**229**
Black	37	13	26%	50
Mixed	40	12	23%	52
Other	92	35	28%	127
N/k	**1432**	**267**	**16%**	**1699**
Total	**8406**	**2251**	**21%**	**10657**

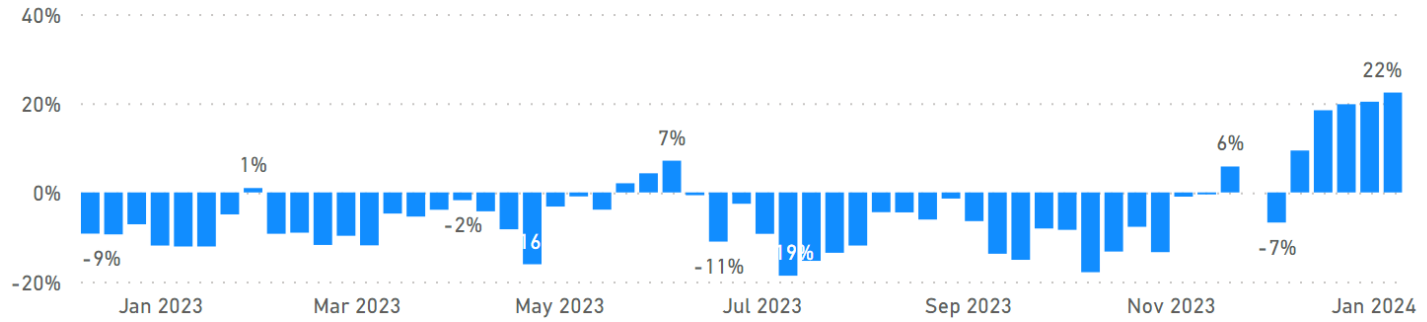
Long Waiters:
P2 › 3 weeks
P3 › 3 months
Any › 78 weeks

In Standard: All others

Long waits as % of total PTL by Ethnic groups



Variance of Southern Asian % long waiters to White



This graph compares the proportion of long waiters for people with Southern Asian ethnicity with the proportion for White ethnicity. So if the Southern Asian group 25% and White is 20% then Southern Asian is 25% higher than White. If the values are positive Southern Asian patients are more likely to be long waiters than White patients

The Trust also monitors its waiting list distribution by ethnicity. The numbers recorded in some groups are very low and so they are aggregated to reveal trends, however statistical fluctuations can be exaggerated, even when the data is grouped. It is nonetheless an area which the Trust continues to monitor.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Attendances - Type 1	10671	10960	Dec 2023		
A&E Attendances - Type 3	5167	6004	Dec 2023		
Handovers - Within 30 Mins (%)	74%	95%	Dec 2023		
Handovers - Within 60 Mins (%)	86.9%	100%	Dec 2023		
4-Hour A&E Standard	64.8%	76%	Dec 2023		
12-Hour Waits from Decision to Admit	65	0	Dec 2023		
12-Hour A&E Breaches	472	0	Dec 2023		
RTT Incomplete Pathways (%)	64%	92%	Nov 2023		
RTT Waiting List Size	52990	47776	Nov 2023		
RTT Validated Within 12 Weeks (%)	69.9%	90%	Dec 2023		
RTT List Size within 52 weeks (%)	97.1%		Nov 2023		N/A
RTT 52 week waiters	1551	942	Nov 2023		
RTT 65 week waiters	404	126	Nov 2023		
RTT 78 week waiters	46		Nov 2023		N/A
Diagnostic 6 Weeks Standard (%)	79%	99%	Nov 2023		
Cancer Faster Diagnosis Standard (%)	79.9%	75%	Nov 2023		
Cancer 31 Day Standard (%)	91.6%	96%	Nov 2023		
Cancer 62 Day Standard (%)	63.9%	85%	Nov 2023		
Cancer >62 Day Backlog	139	136	Dec 2023		
Cancelled Ops - Non-Urgent Cancelled on Day	64	0	Dec 2023		

Urgent and emergency care

Type 1 A&E attendances tracked closer to expected numbers for December but within that there was a further increase in ambulance arrivals, 18% more than the same time last year, in conjunction with an 18% increase in non-elective overnight admissions. In December, support initiatives for winter began in collaboration with the Integrated Care Board and North East Ambulance Service to reduce delays during winter, including an out of hours GP presence at James Cook University Hospital. The effect of these initiatives have led to a small improvement in the 4-hour standard compared to November and reductions in the longest delays; 12-hour breaches and 12-hour delays from a decision to admit. The improvement compared to last December is even clearer. Evidence-based process improvement remains an organisational priority with a focus on achieving the national 4-hour standard of 76% by end 2023/24 and ensuring all Ambulance handovers take place within one hour.

The impact of challenges across the social care system continue to be observed , which in turn has an impact on hospital flow and urgent and emergency care. The Trust is working closely with local authorities and other partners to proactively identify patients to avoid admission, with input from our Frailty team, urgent community response and Home First services.

Elective, diagnostic and cancer waiting times

Referral to treatment within 18 weeks trend continues to be consistent and remains above the national average. There is continued focus on the longest waits - reducing the number of patients waiting more than 65 weeks by March 2024 in line with national requirements.

Compliance with the 6-week diagnostic access standard improved again for November, benefitting from the continuation of planned interventions such as extra MRI scanning capacity, extra clinical capacity for Ultrasound and focused actions in Cardio Echo and Audiology.

For cancer, Faster Diagnosis Standard is above the 75% national target and the 62-day accumulation of patients being investigated for cancer reduced closely tracked trajectory at the end of December. The 62 day to first treatment standard is supressed as the longest waiters continue to have treatment prioritised. Gynae Oncology, Lung, Head & Neck and Urology were the main pathways under pressure. Cancer Action Plans are reviewed and monitored through the Cancer Delivery Group, informed by a programme of pathway process reviews.

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	15238	14454	Dec 2023		
Outpatient Follow Up Attendances	41681	40148	Dec 2023		
Outpatient Follow-Ups (Standard)	32210	33975	Dec 2023		
Outpatient Follow-Ups (Procedure)	9471	7082	Dec 2023		
Day Case admissions	5452	5598	Dec 2023		
Ordinary Elective admissions	826	1004	Dec 2023		
NEL admissions with 0 LOS (excluding Maternity)	1788	1418	Dec 2023		
NEL admissions with 0 LOS	3131	1712	Dec 2023		
NEL admissions with 1+ LOS (excluding Maternity)	3454	2928	Dec 2023		
NEL admissions with 1+ LOS	3963	3668	Dec 2023		
G&A Occupied Beds (%)	91.1%	92%	Dec 2023		
Length of Stay - Elective	4.5		Dec 2023		N/A
Length of Stay - Non-Elective (excluding Maternity)	3.7		Dec 2023		N/A
Ready For Discharge, not Discharged	75	90	Dec 2023		
21 Day Stranded Patients (%)	13.5%	12%	Dec 2023		

Activity

In December, the number of Non-elective (NEL) admissions for patients staying for 1 or more nights continued at its highest levels in the last 2 years, 18% higher than usual anticipated winter demand. This sustained, higher than expected, increase over the last 3 months combined with industrial action year to date has impacted elective activity levels as shown in non-achievement of plan for outpatient new and inpatient elective activity for year to date.

December was a positive month for outpatient activity, however, with total outpatient activity 4% above planned levels including 5% more new appointments, 34% more review appointments involving delivery of treatment and 5% reduction in planned ordinary review appointments.

Length of Stay

Despite the high levels of non-elective demand, most related metrics indicative of patient flow maintained relatively healthy positions. Extra beds were made available to support winter demand and bed occupancy levels duly recovered from November highs to within 92% target but the proportion of patients staying for 21 days or longer significantly rose for a second month beyond usual expectations.

The Trust's improved discharge processes helped maintain the numbers of patients who are ready for discharge but no longer meet criteria to reside in an acute bed, at their lowest levels for the last 2 years. The Trust proactively reduces delays within its span of control and has embedded a Home First service. However, there are ongoing pressures across the social care sector that impact timely discharge of patients who have ongoing care and support needs.

The overall percentage of patients with long stay is driven by our specialist critical care, spinal cord injuries and rehabilitation pathways as a regional tertiary centre. For patients who no longer require specialist care, the Trust focuses on appropriate repatriation for care closer to home.

WELL LED

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£23.506m	-£23.509m	Dec 2023	N/A	N/A
Annual Appraisal (%)	78.5%	80%	Dec 2023		
Mandatory Training (%)	89.6%	90%	Dec 2023		
Sickness Absence (%)	6.3%	4%	Dec 2023		
Staff Turnover (%)	11.2%	10%	Dec 2023		

Finance and use of resources

The Trust's plan for the 2023/24 financial year is an agreed deficit of £31.8m, reflecting the organisation's structural deficit (including the impact of the James Cook University Hospital PFI scheme) and inflationary pressures. As part of the system-based approach to planning and delivery, the Trust's plan forms part of the NENC ICS system plan for 2023/24.

At the end of Month 9, the Trust's financial position is a deficit of £23.5m which is on plan. The year-to-date position includes receipt of additional national funding, distributed to systems in relation to the impact of industrial action and other financial pressures during 2023/24. The Trust is forecasting to be on plan at the end of the year and report a £31.8m deficit.

People

Sickness absence across the Trust was 6.3% in December, continuing an increasing trend for both short term and long-term absence. The HR team will be supporting Collaboratives in revisiting their sickness absence improvement plans to identify areas of improvement and areas for further review and action.

Appraisal compliance has improved and is now 78.5%, just below the 80% target for the fourth consecutive month but is stable over that time. Mandatory training has also increased by over 0.5% and is now 89.6%, which is almost at target. Staff turnover has increased slightly and is now 11.2%. Where there are examples of high-level turnover/trends across the Collaboratives, updates are provided to People Committee to provide assurance of actions being taken to support.

Staff survey for 2023 generated a 35% response rate and initial data sets are currently being analysed and will be communicated at Committee level as appropriate in line with National communications embargo.

HR teams are providing detailed workforce data for service review days in line with the schedule.

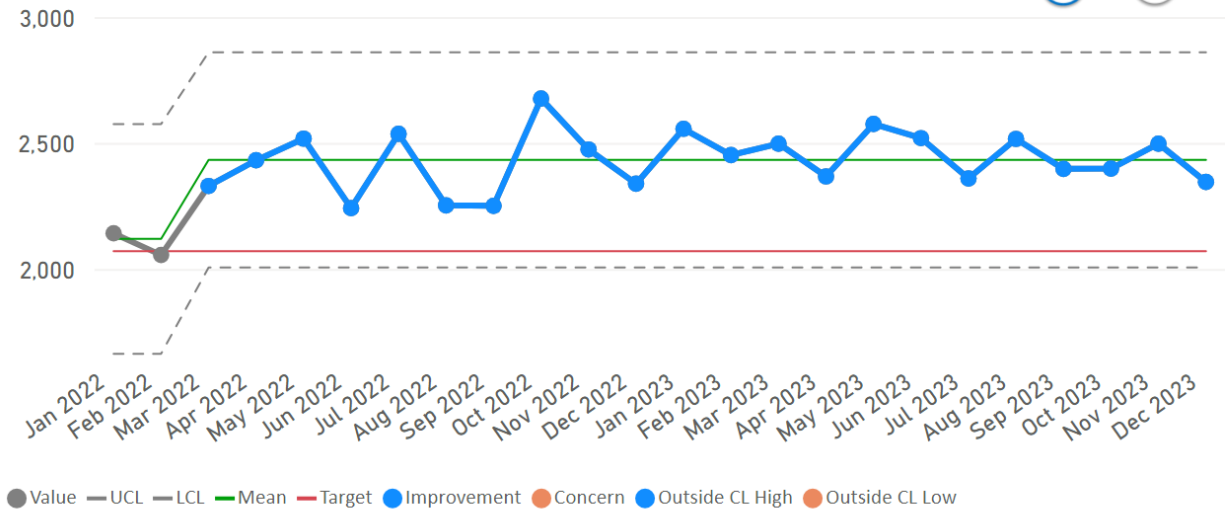
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

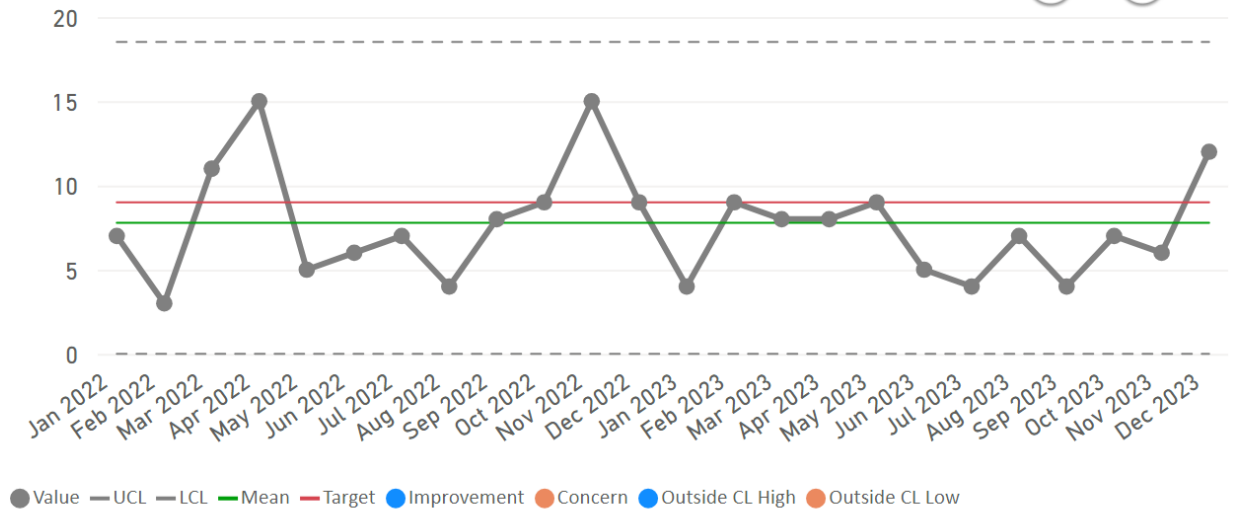
DATIX Incidents

Month	Performance	Target	Trend	Assurance
Dec 2023	2345	2070		



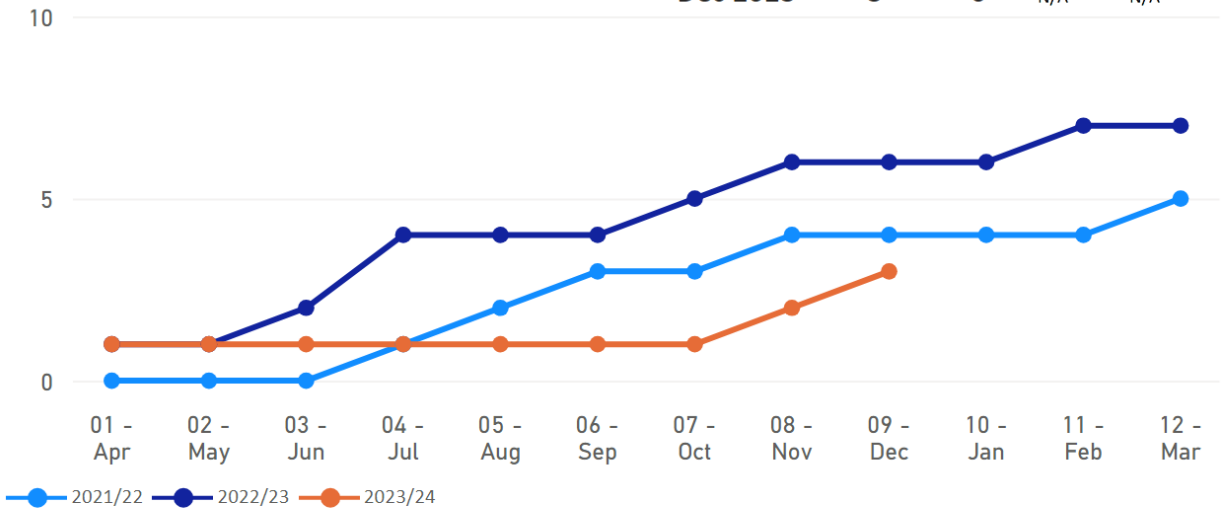
Serious Incidents

Month	Performance	Target	Trend	Assurance
Dec 2023	12	9		



Never Events (YTD)

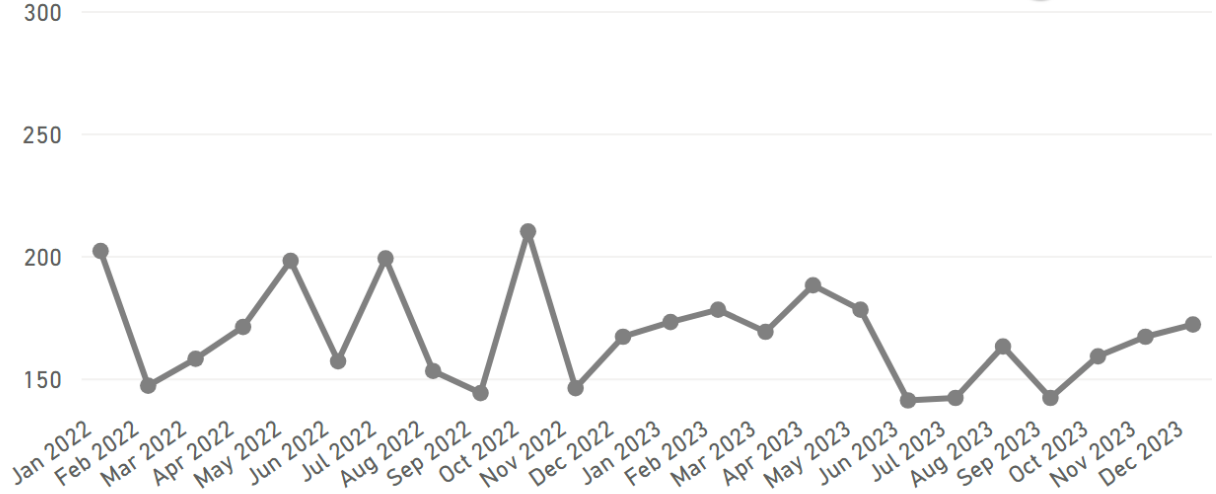
Month	Performance	Target	Trend	Assurance
Dec 2023	3	0	N/A	N/A



SAFE

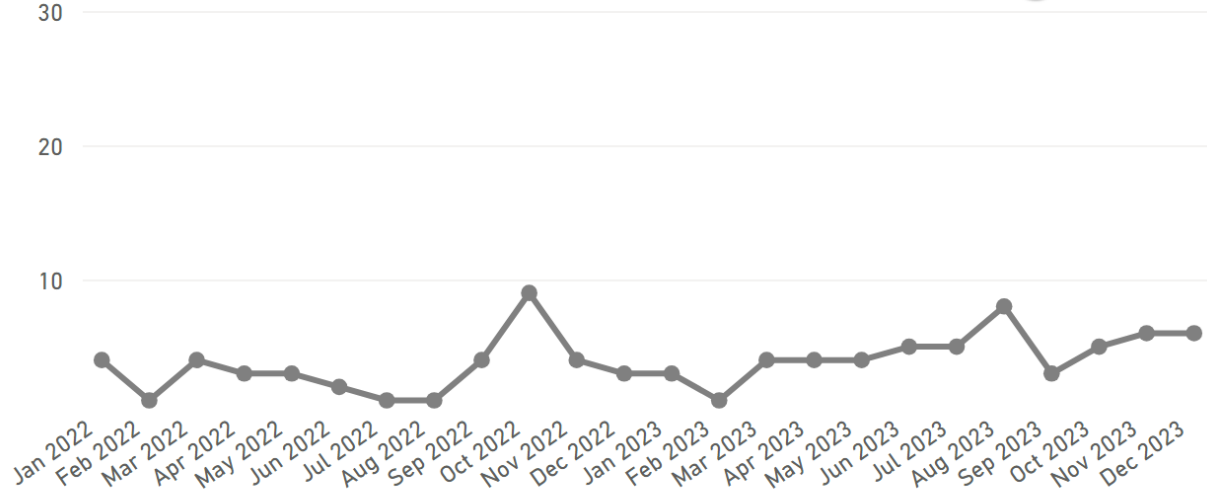
Falls

Month	Performance	Target	Trend	Assurance
Dec 2023	172			N/A



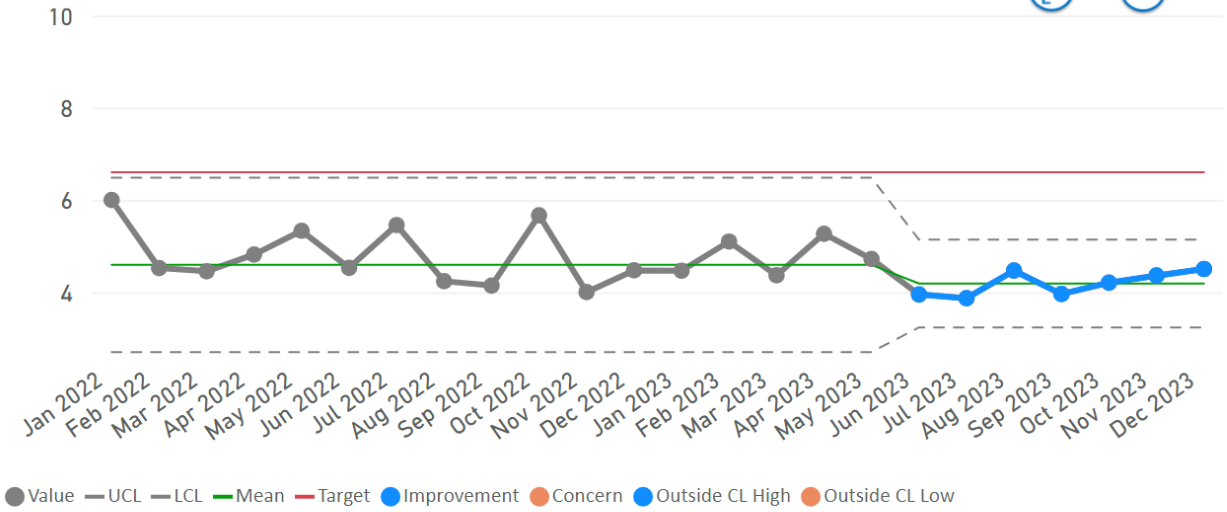
Falls With Harm

Month	Performance	Target	Trend	Assurance
Dec 2023	6			N/A



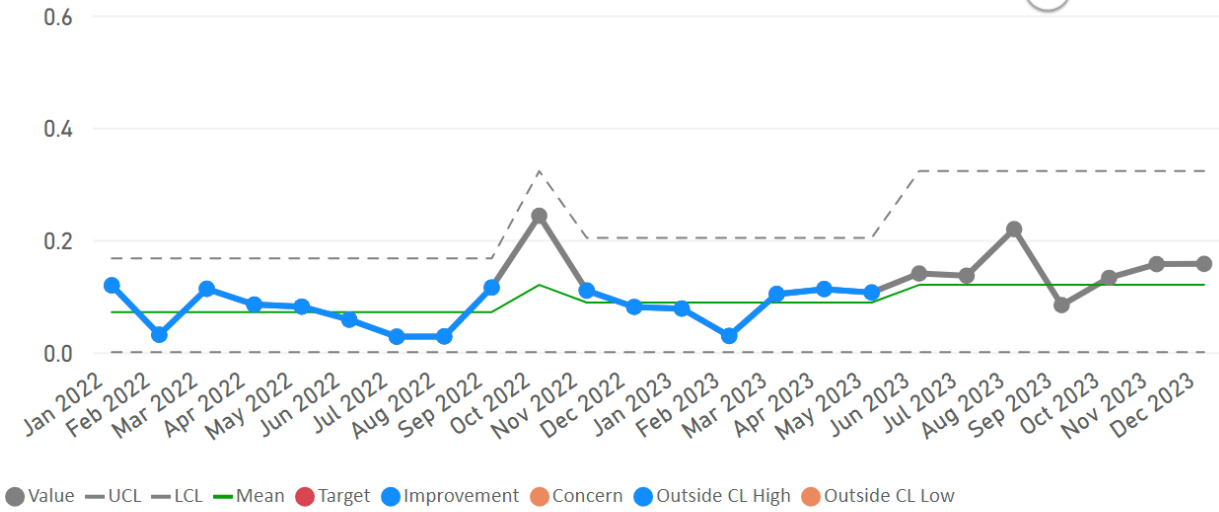
Falls Rate %

Month	Performance	Target	Trend	Assurance
Dec 2023	4.5	6.6		



Falls With Harm Rate %

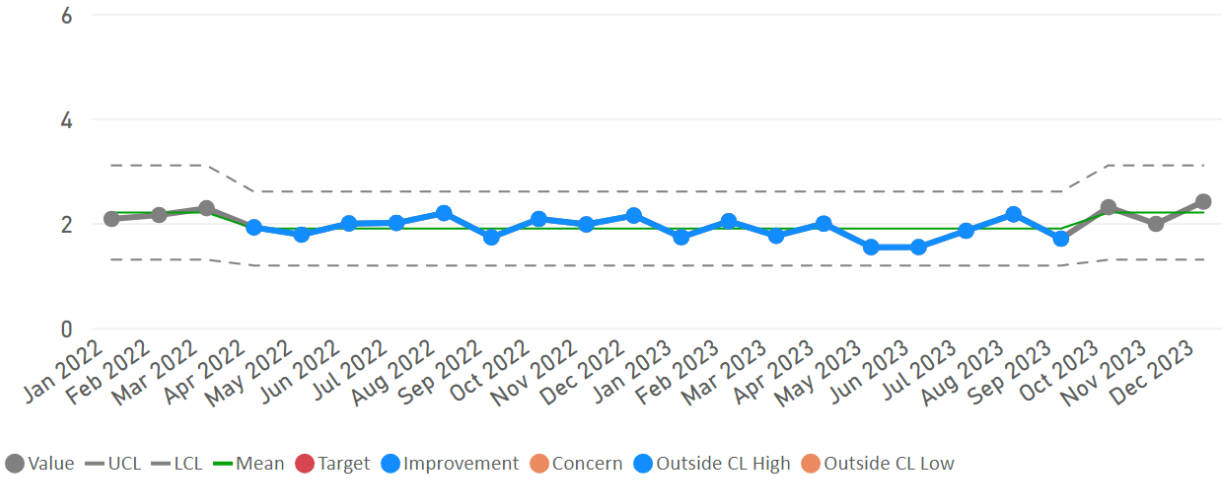
Month	Performance	Target	Trend	Assurance
Dec 2023	0.2			N/A



SAFE

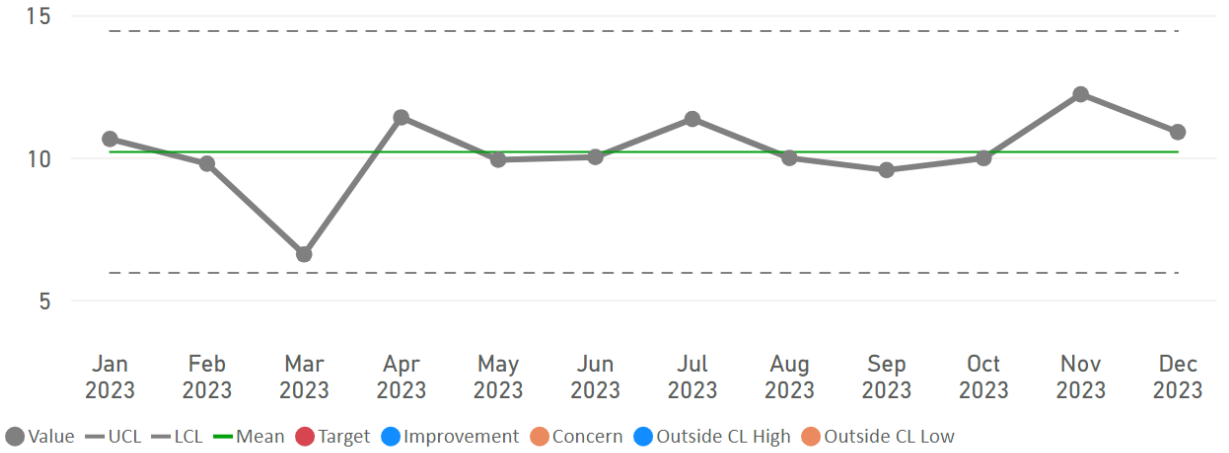
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Dec 2023	2.4			N/A



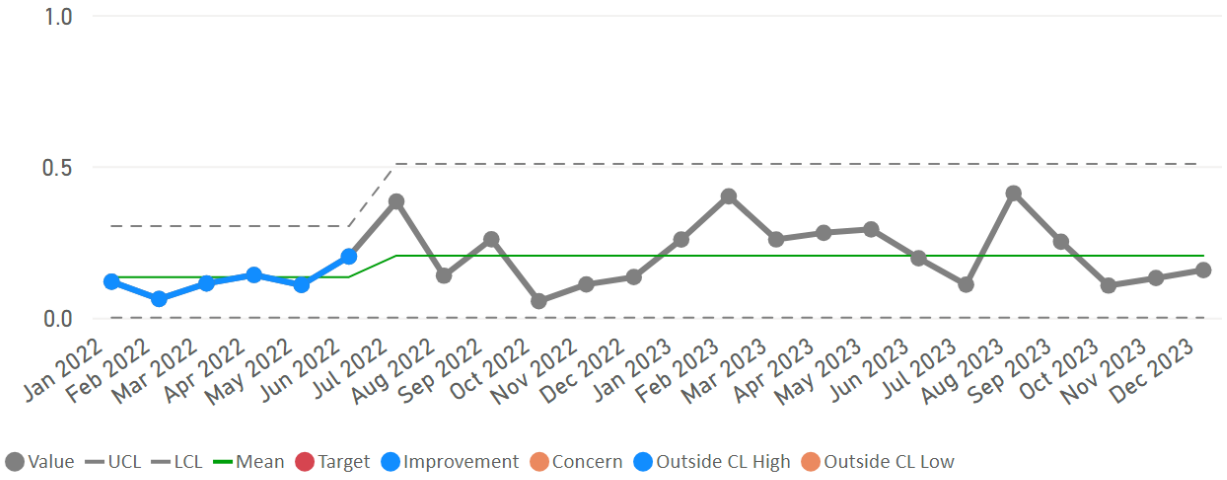
Category 2 Pressure Ulcers Community Rate (Per 1000 Active Patients)

Month	Performance	Target	Trend	Assurance
Dec 2023	10.9			N/A



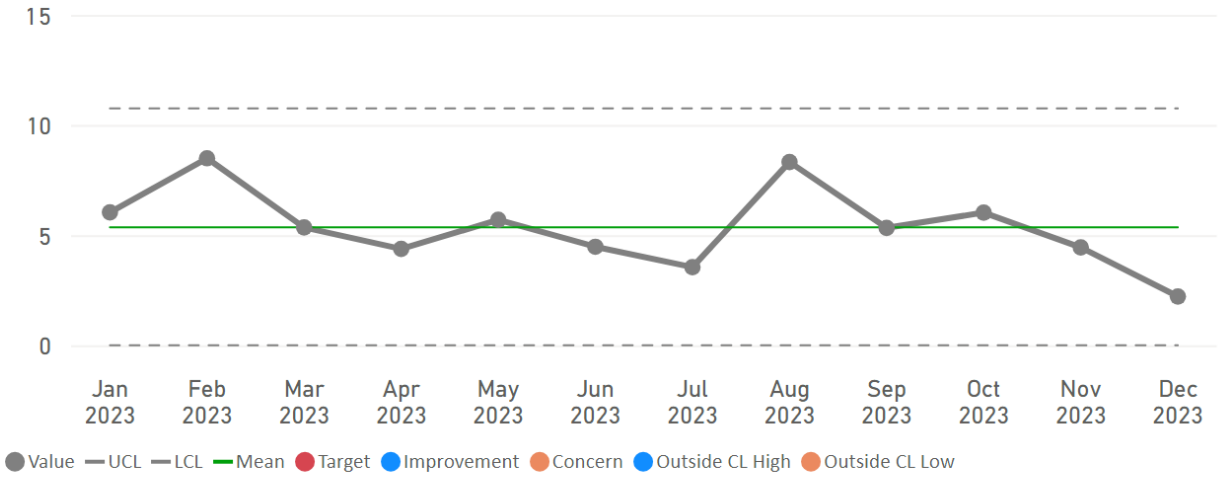
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Dec 2023	0.2			N/A



Category 3&4 Pressure Ulcers Community Rate (Per 1000 Active Patients)

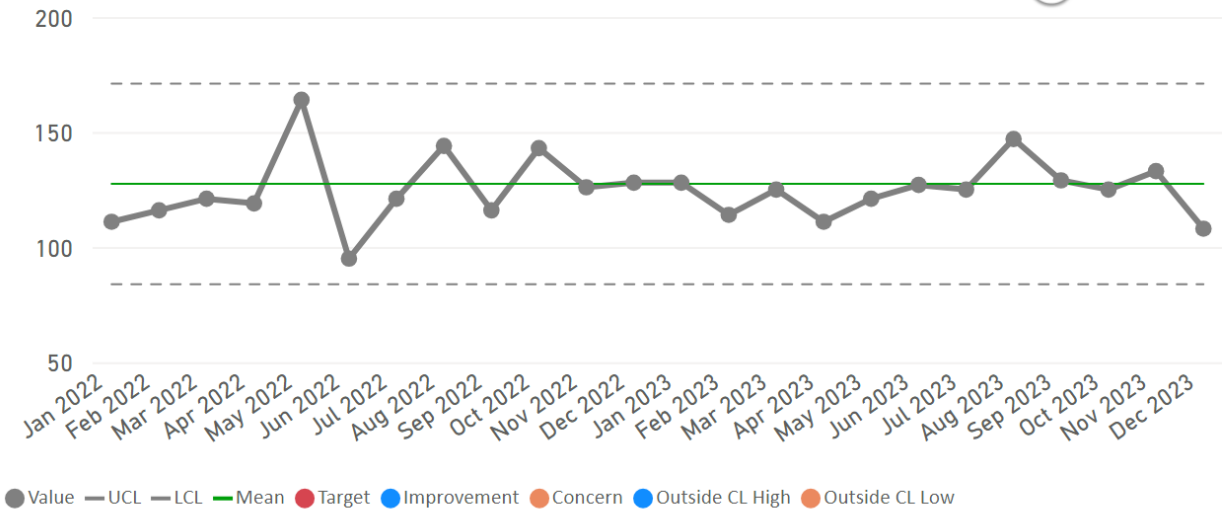
Month	Performance	Target	Trend	Assurance
Dec 2023	2.2			N/A



SAFE

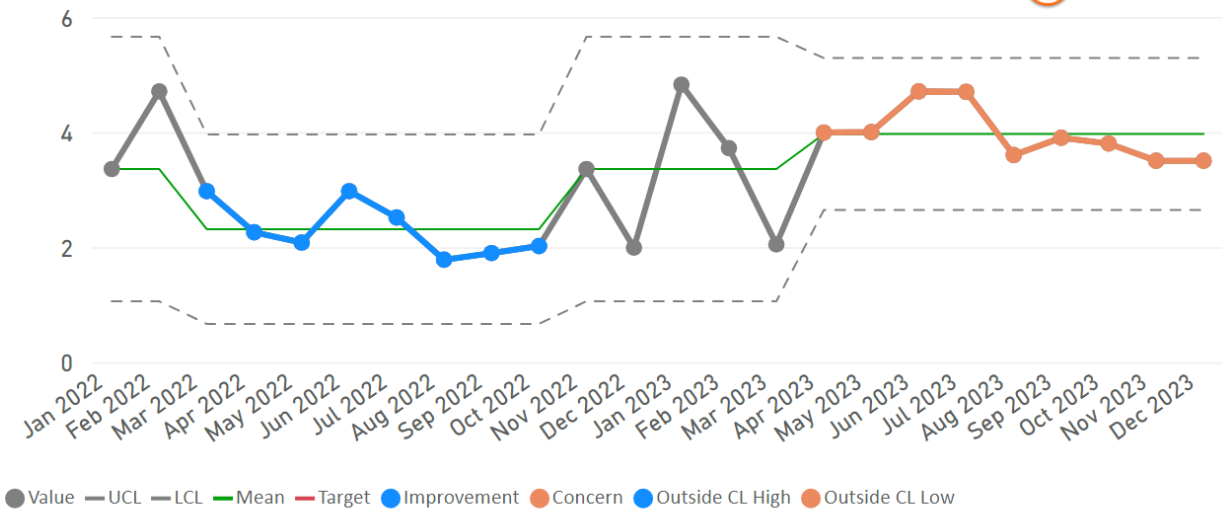
Medication Incidents

Month	Performance	Target	Trend	Assurance
Dec 2023	108			N/A



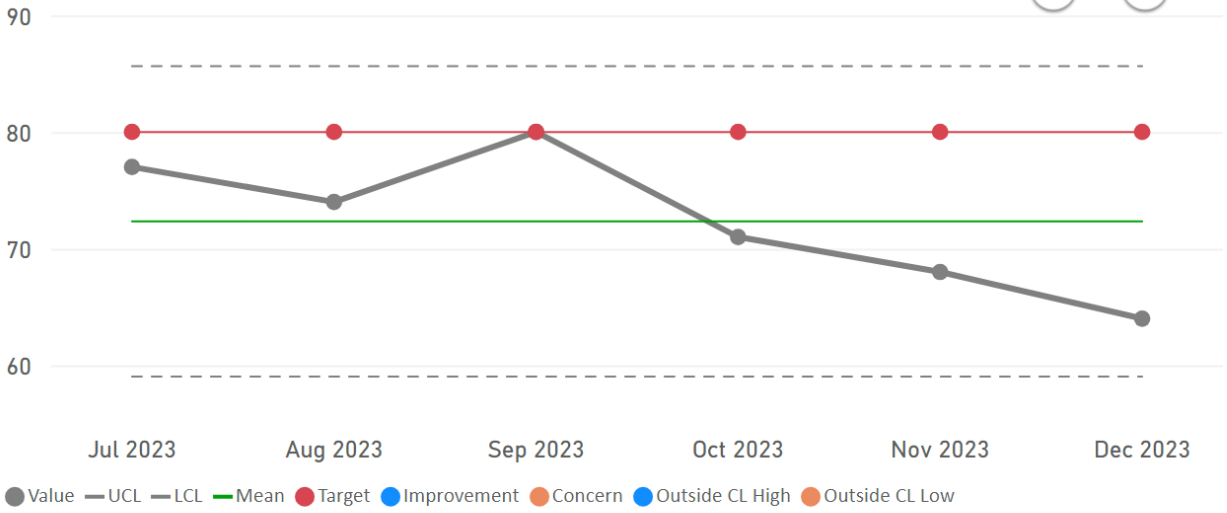
Omitted Critical Doses (%)

Month	Performance	Target	Trend	Assurance
Dec 2023	3.5%			N/A



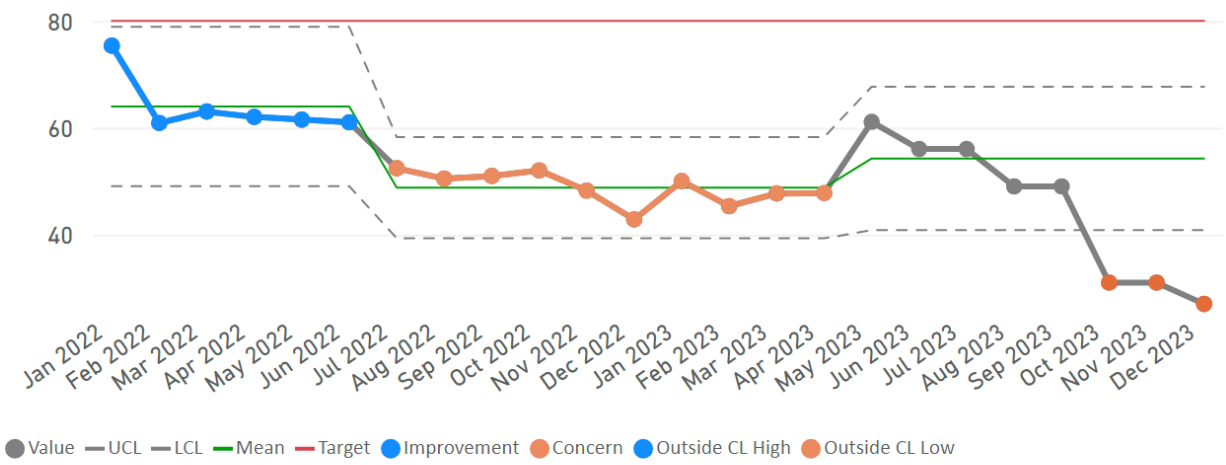
Medications Reconciled Rate %

Month	Performance	Target	Trend	Assurance
Dec 2023	64%	80%		



Medications Reconciled 24hrs %

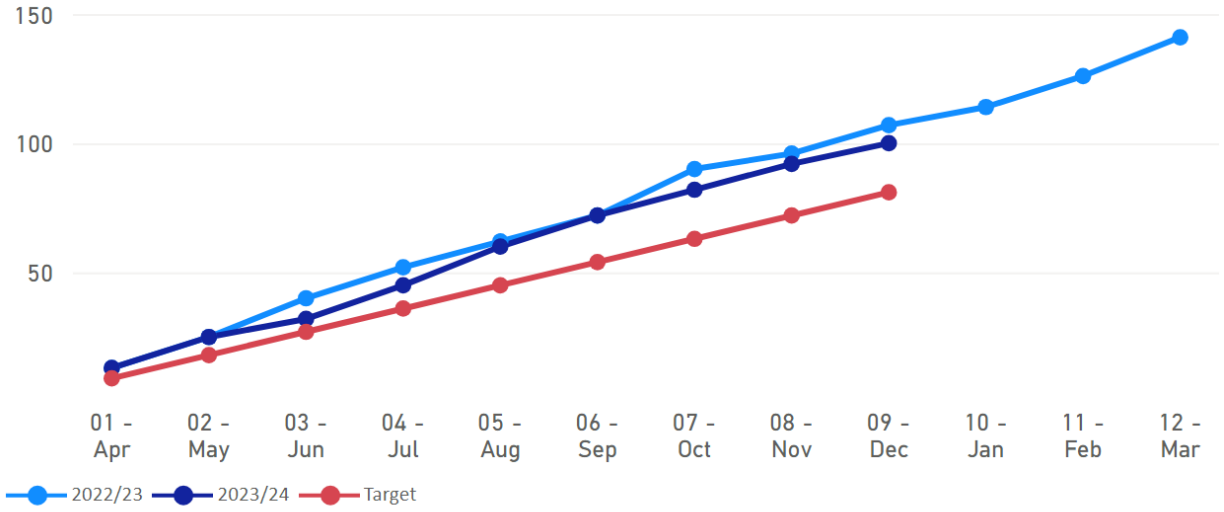
Month	Performance	Target	Trend	Assurance
Dec 2023	27%	80%		



SAFE

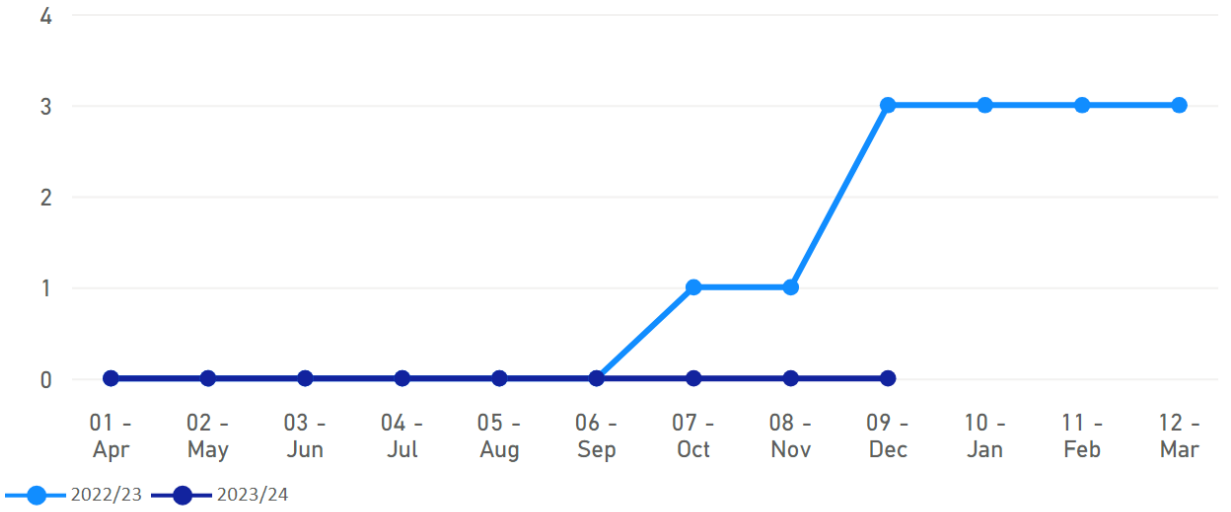
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Dec 2023	100	81	N/A	N/A



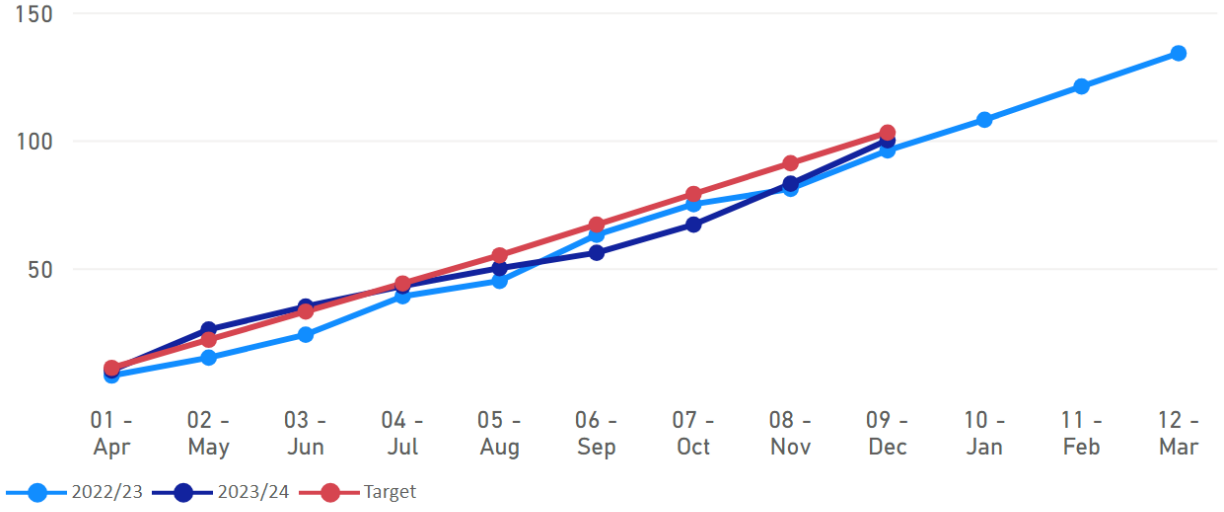
MRSA (YTD)

Month	Performance	Target	Trend	Assurance
Dec 2023	0	0	N/A	N/A



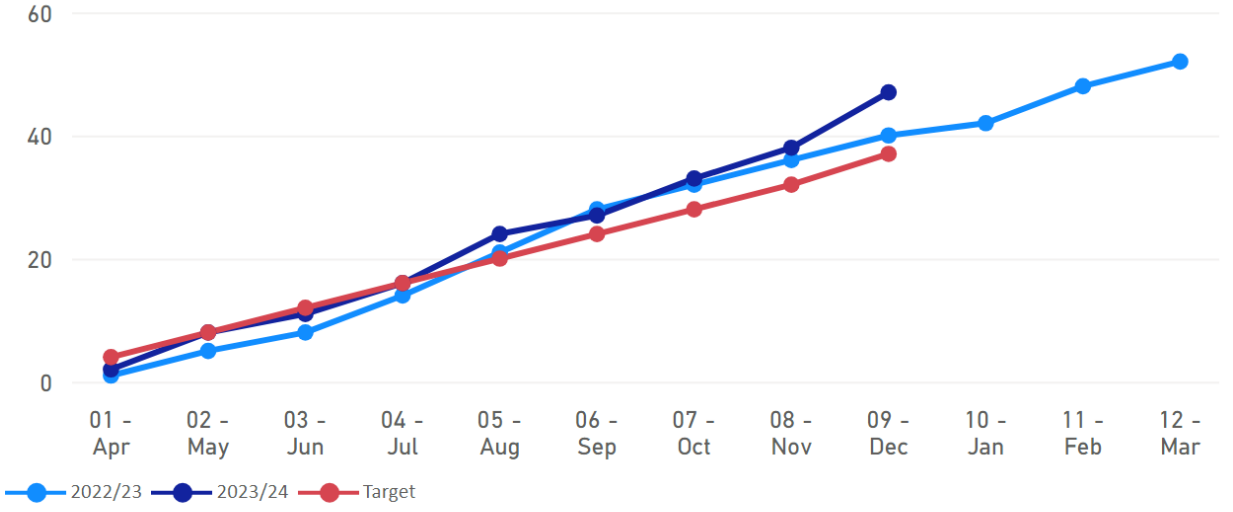
E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Dec 2023	100	103	N/A	N/A



Klebsiella (YTD)

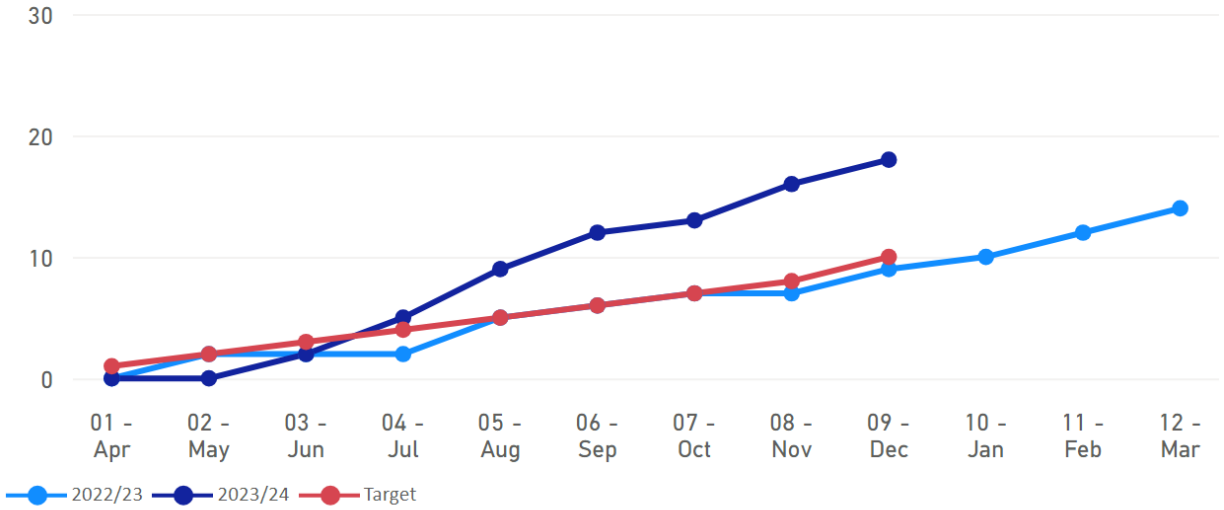
Month	Performance	Target	Trend	Assurance
Dec 2023	47	37	N/A	N/A



SAFE

Pseudomonas (YTD)

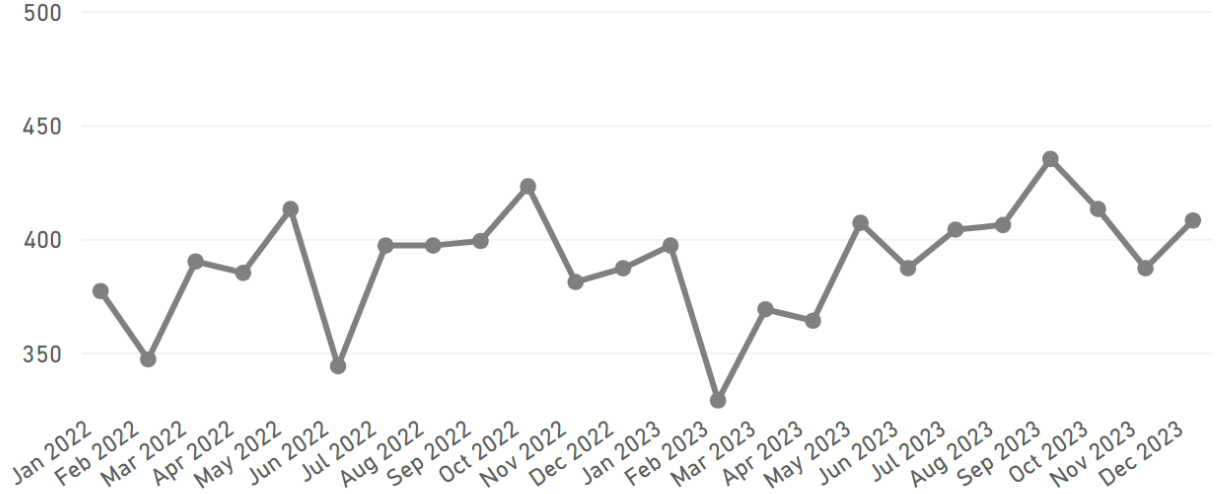
Month	Performance	Target	Trend	Assurance
Dec 2023	18	10	N/A	N/A



SAFE

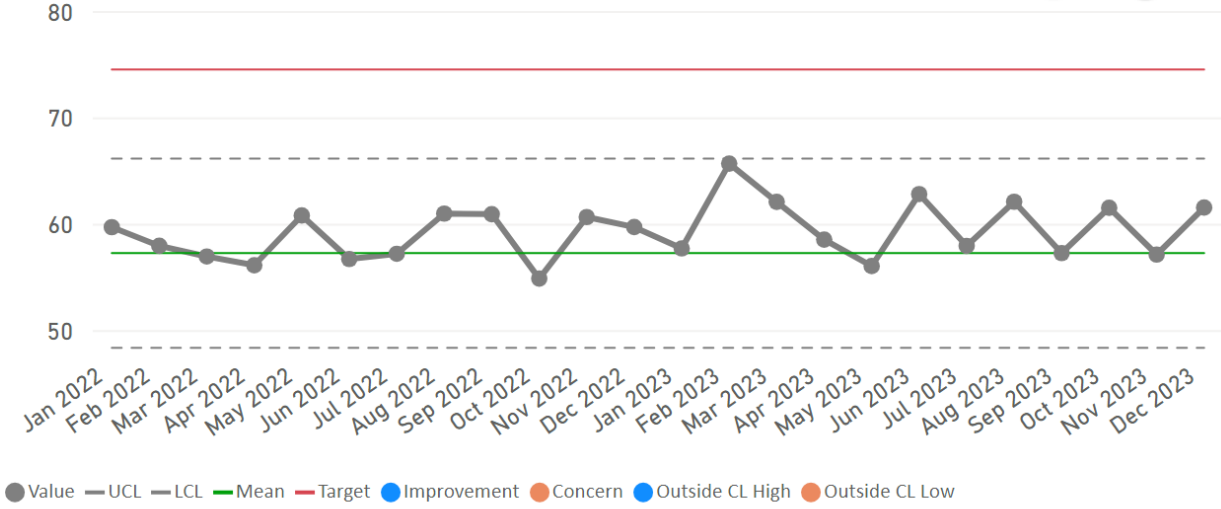
No. of babies born

Month	Performance	Target	Trend	Assurance
Dec 2023	408		N/A	N/A



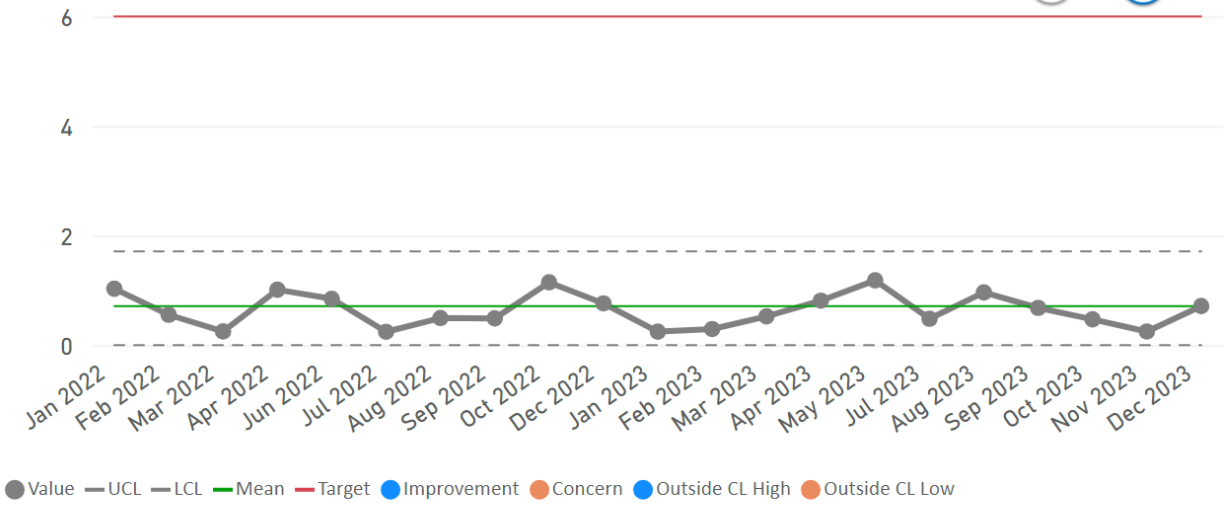
Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Dec 2023	61.5%	74.5%		



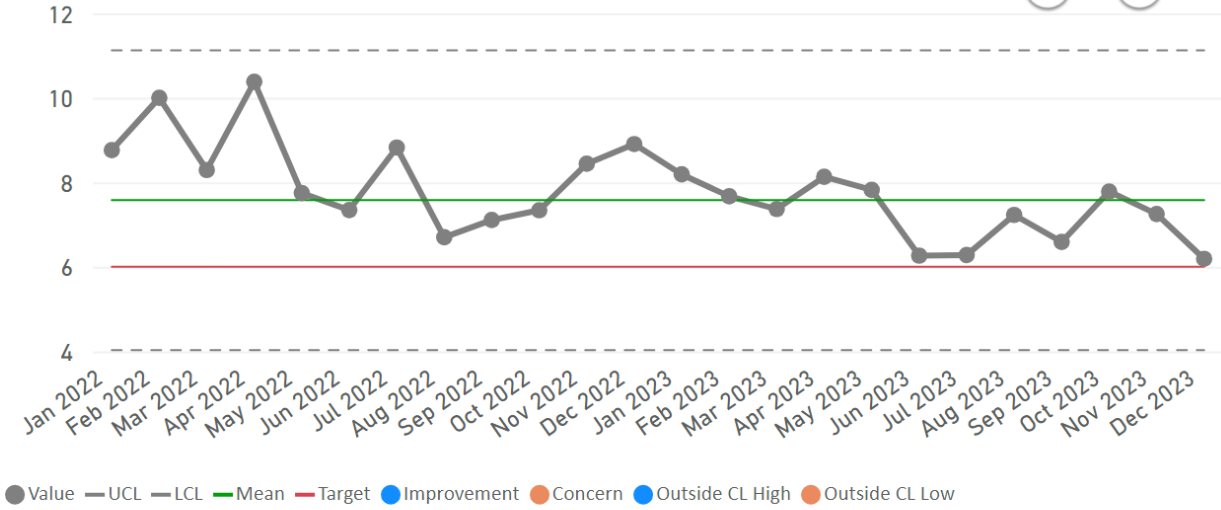
Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Dec 2023	0.7%	6%		



Preterm birth rate 27 - 36+6 wks

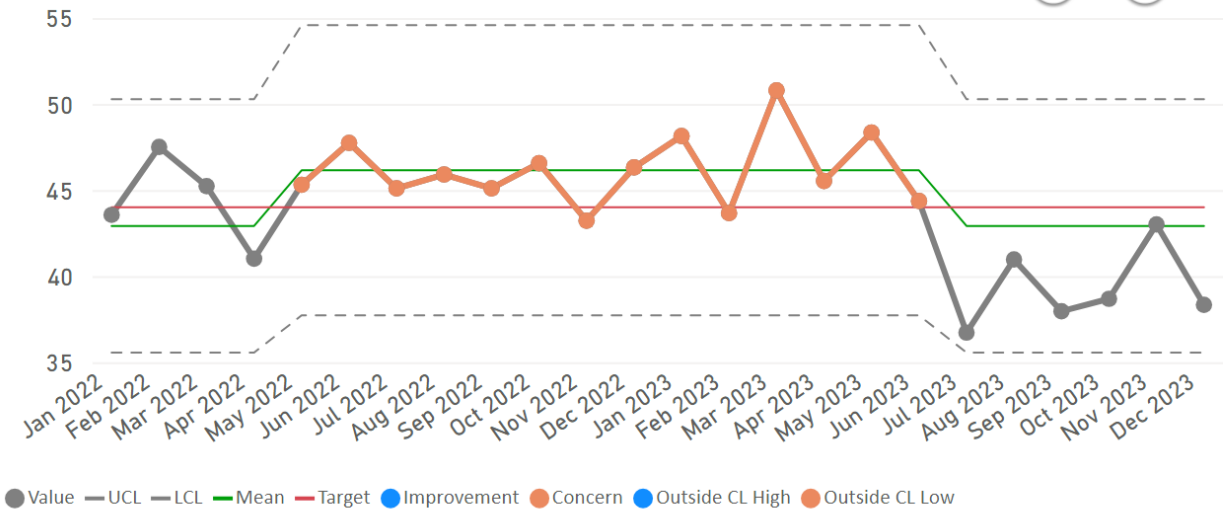
Month	Performance	Target	Trend	Assurance
Dec 2023	6.2%	6%		



SAFE

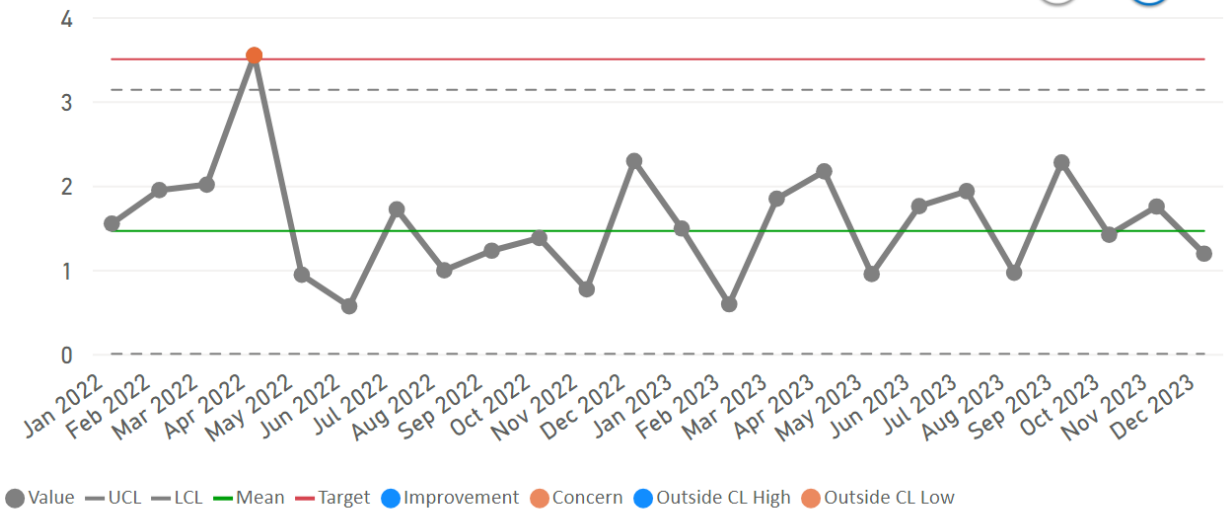
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Dec 2023	38.3%	44%		



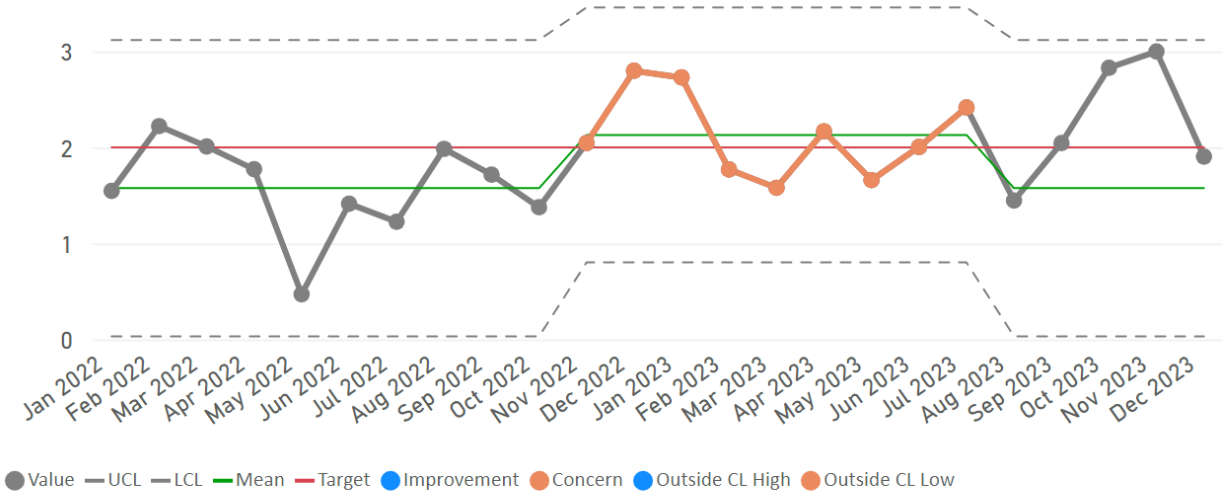
Number of 3rd/4th degree tear (%)

Month	Performance	Target	Trend	Assurance
Dec 2023	1.2%	3.5%		



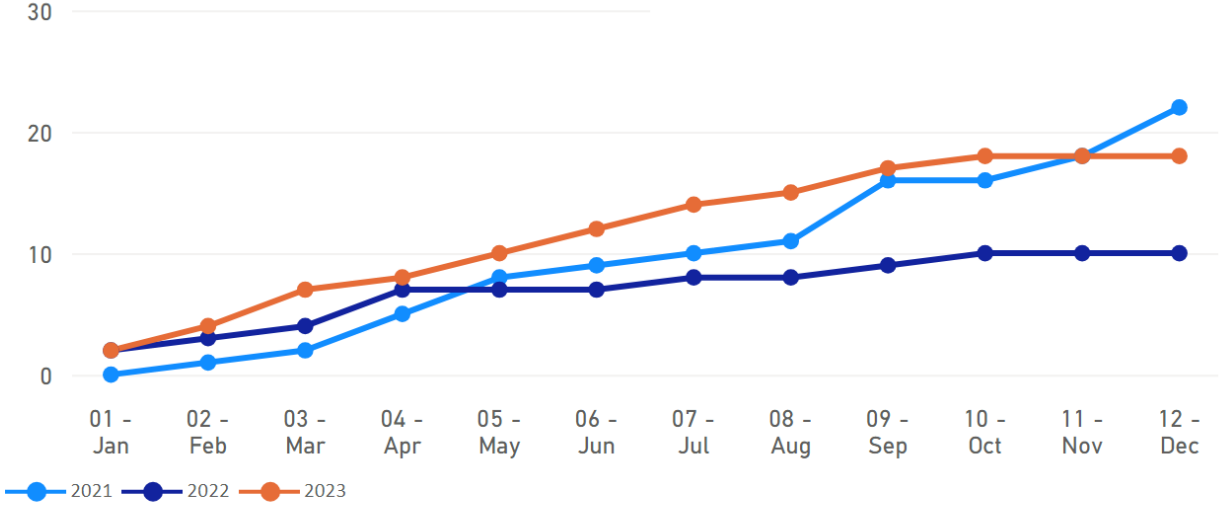
PPH > 1500ml (%)

Month	Performance	Target	Trend	Assurance
Dec 2023	1.9%	2%		



Still Births (YTD)

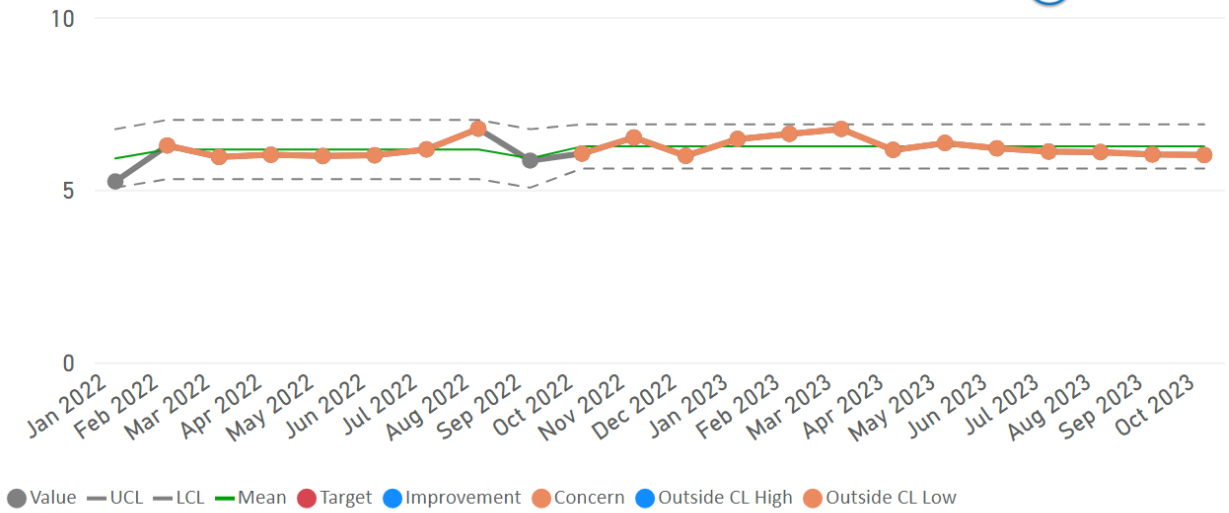
Month	Performance	Target	Trend	Assurance
Dec 2023	18	17	N/A	N/A



EFFECTIVE

Readmission Rate %

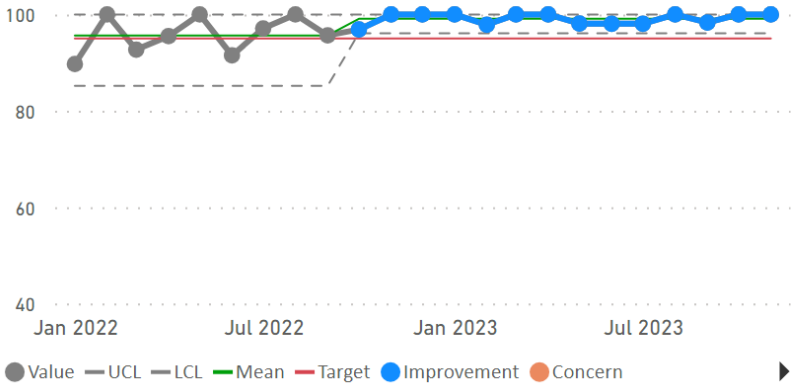
Month	Performance	Target	Trend	Assurance
Oct 2023	6%			N/A



EFFECTIVE

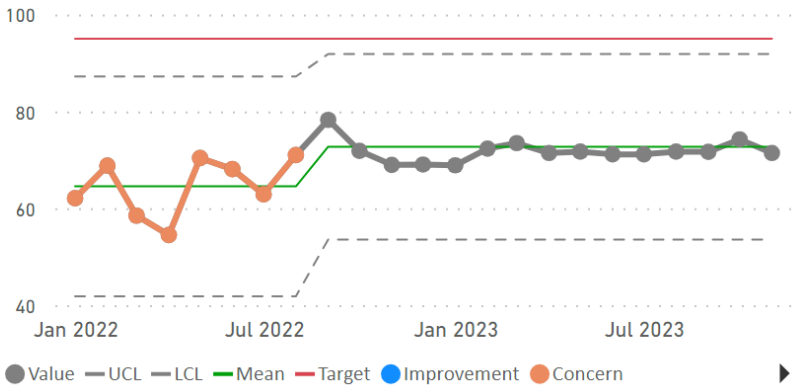
Sepsis - Oxygen within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2023	100%	95%	H	P



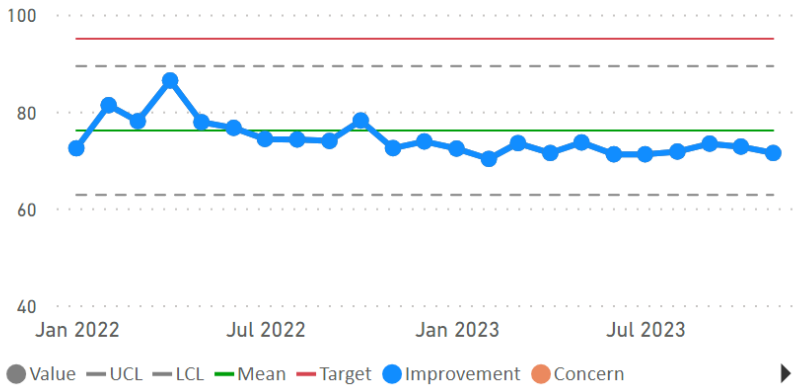
Sepsis - Blood cultures within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2023	71.4%	95%		F



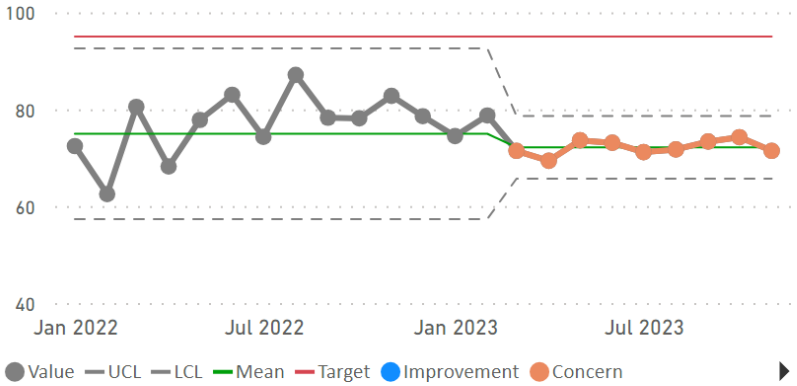
Sepsis - IV antibiotics within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2023	71.4%	95%	H	F



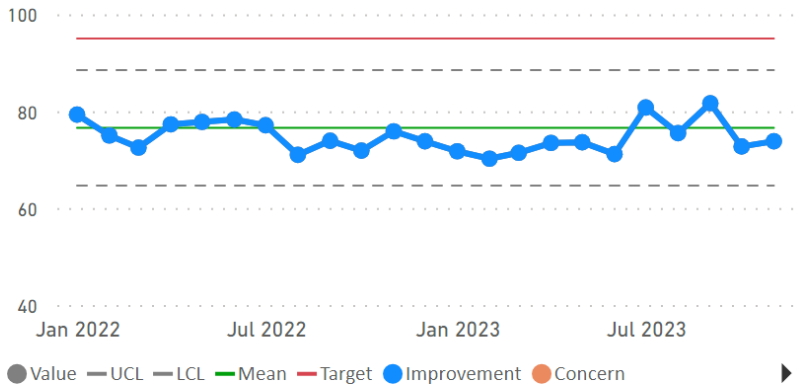
Sepsis - Serum lactate within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2023	71.4%	95%	L	F



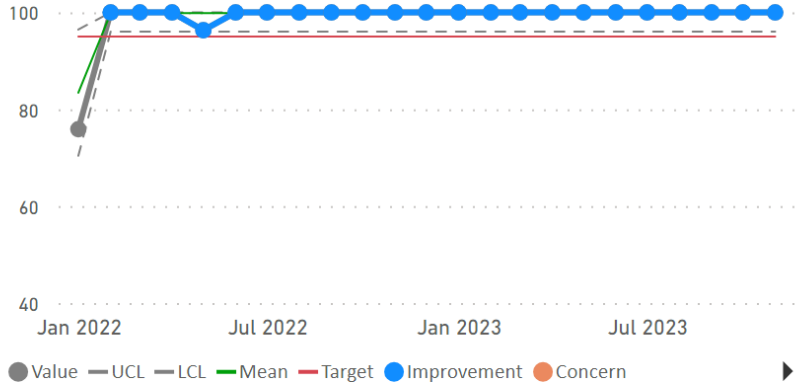
IV fluid resuscitation within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2023	73.8%	95%	H	F

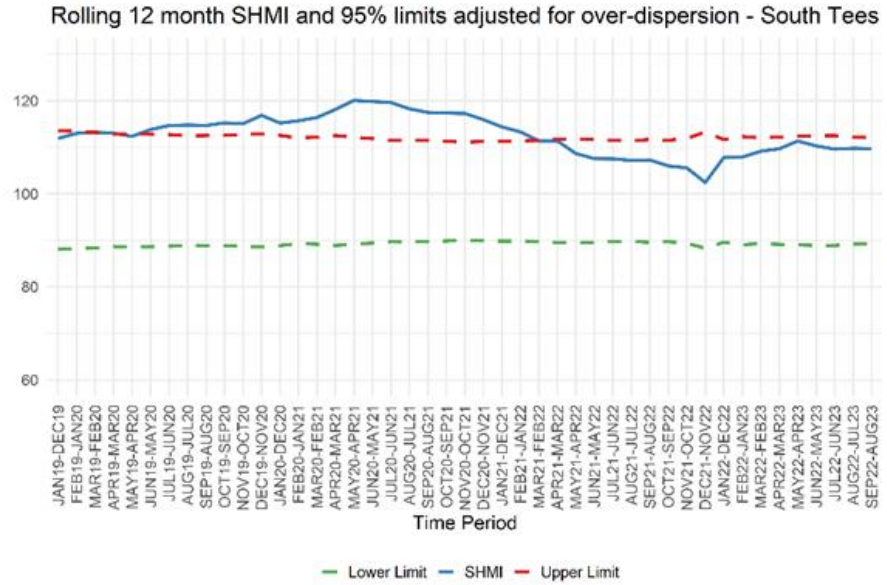


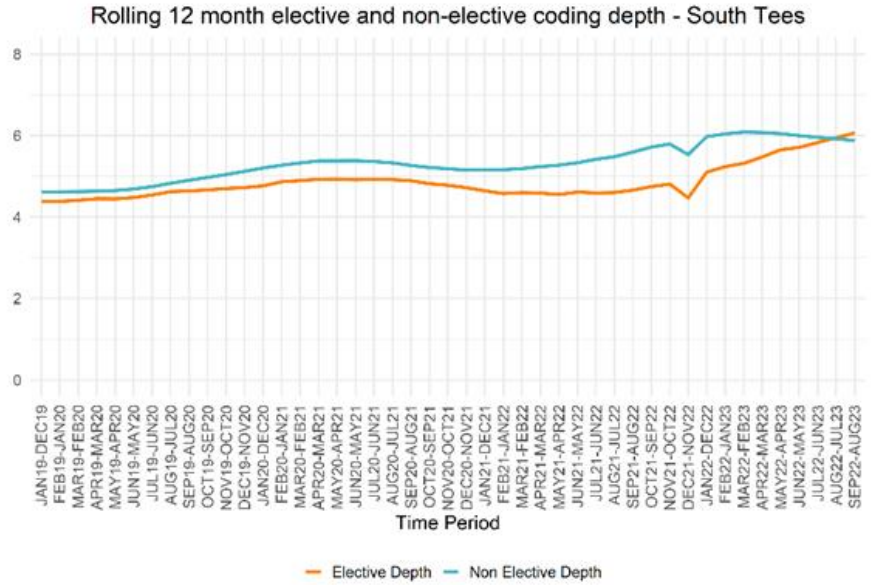
Sepsis - Urine measurement within 1hr

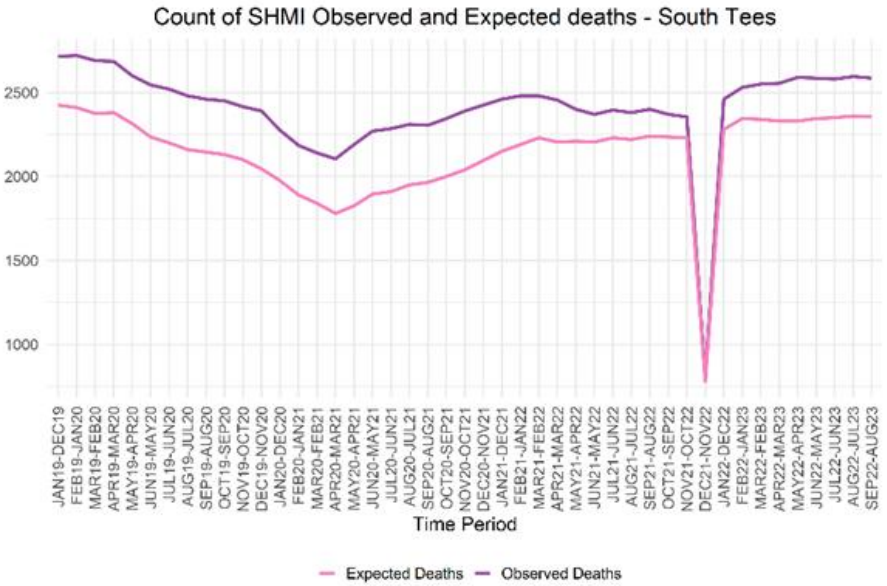
Month	Performance	Target	Trend	Assurance
Nov 2023	100%	95%	H	P

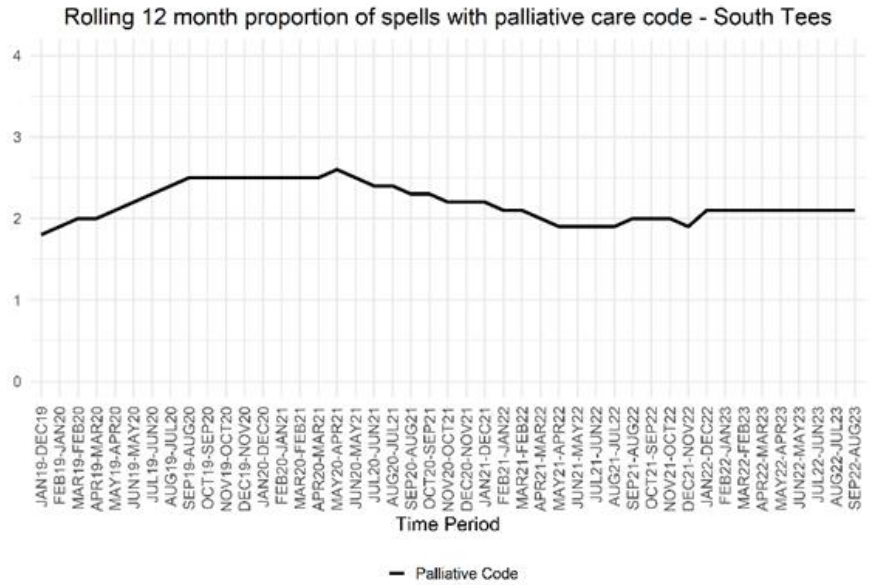


EFFECTIVE









Latest SHMI = 109.7
(Sep 2022 – Aug 2023)

Observed deaths = 2585
Expected deaths = 2355

Coding depth (codes / spell)
Elective = 6.1
Non-Elective = 5.9

Palliative care (%) = 2.1

Latest SHMI is:
'as expected'

COVID-19 impact for England
Excluded spells = 2.6%
Spells as a % pre-pandemic (2019 spells) = 91%

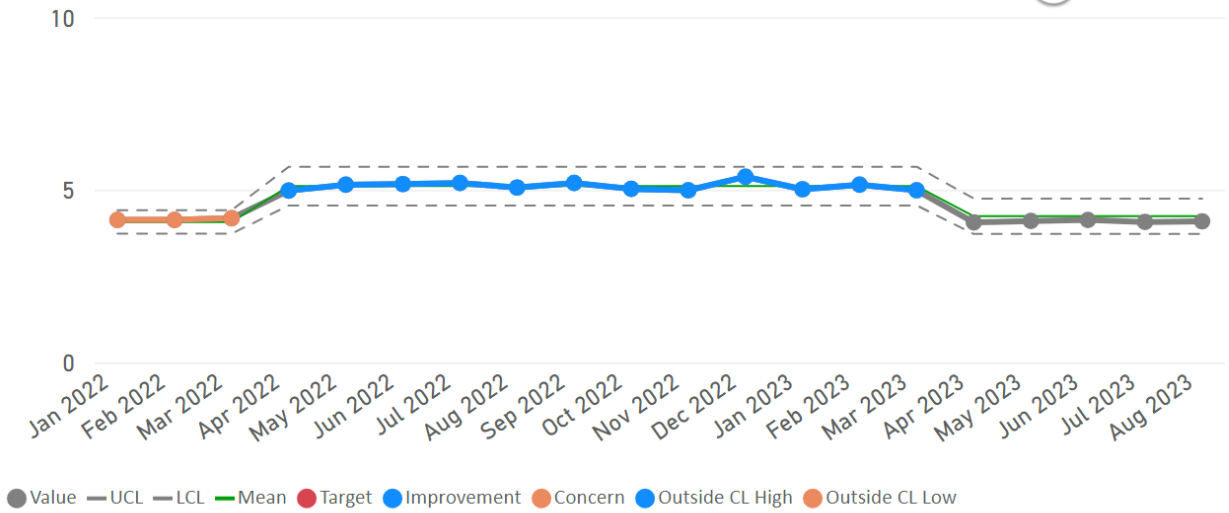
Data source: NHS Digital
Monthly SHMI publication

* The Trust data is as reported by NHS Digital, there was a shortfall in the number of records for 2022/23 in one of the reporting periods which was the reason for the recent fall and rise in the number of observed and expected deaths.

EFFECTIVE

Comorbidity Coding

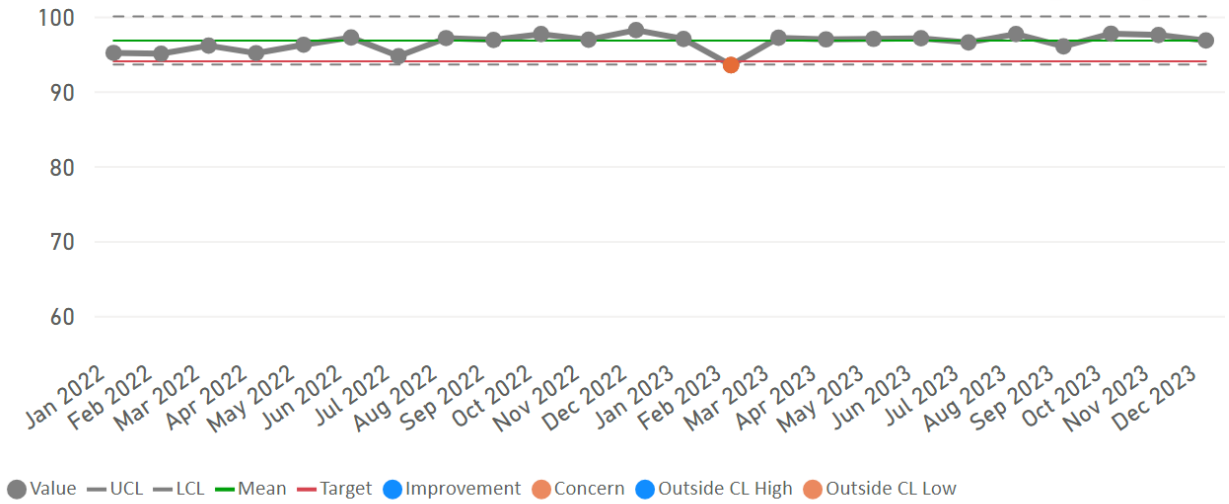
Month	Performance	Target	Trend	Assurance
Aug 2023	4.1			N/A



CARING

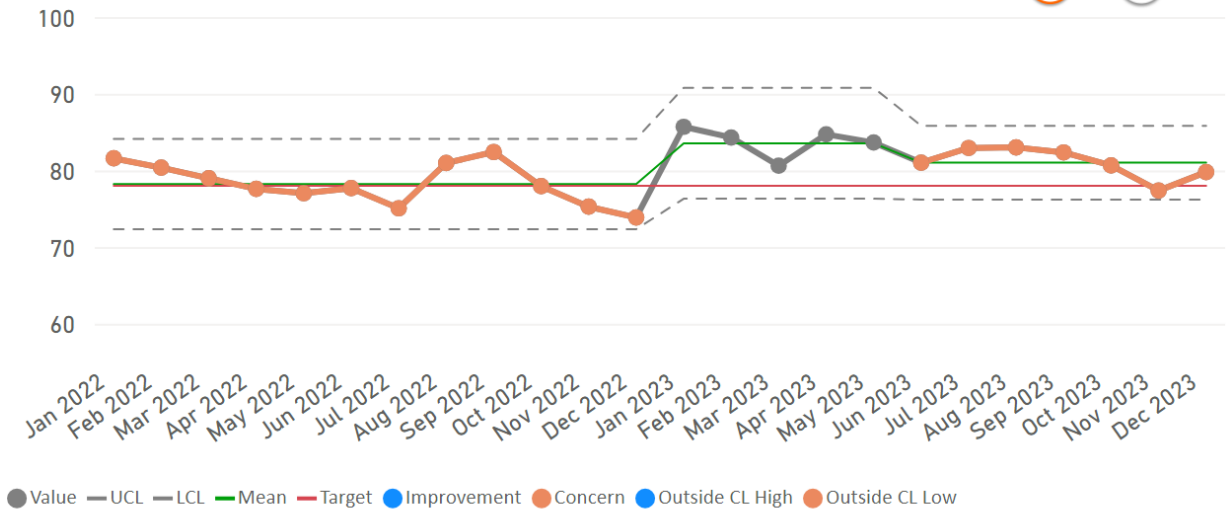
Inpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Dec 2023	96.8%	94%		



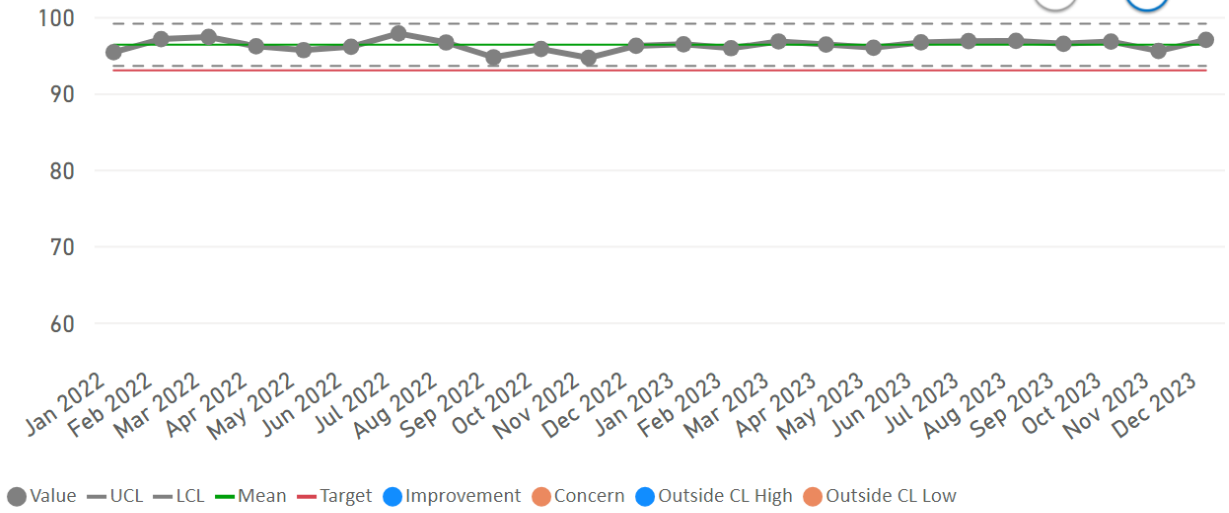
A&E Experience (%)

Month	Performance	Target	Trend	Assurance
Dec 2023	79.8%	78%		



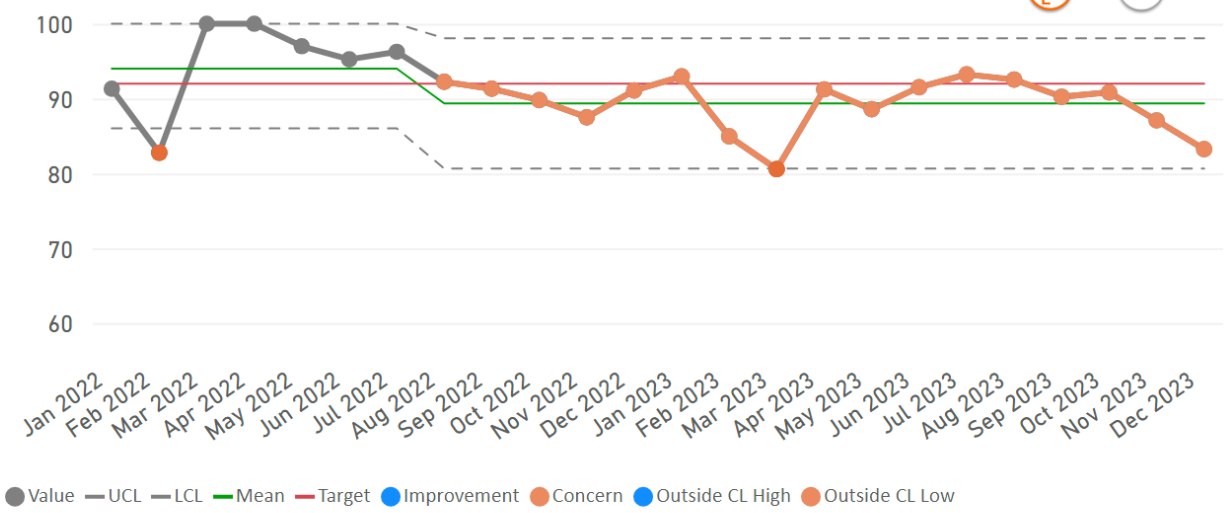
Outpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Dec 2023	97%	93%		



Maternity Experience (%)

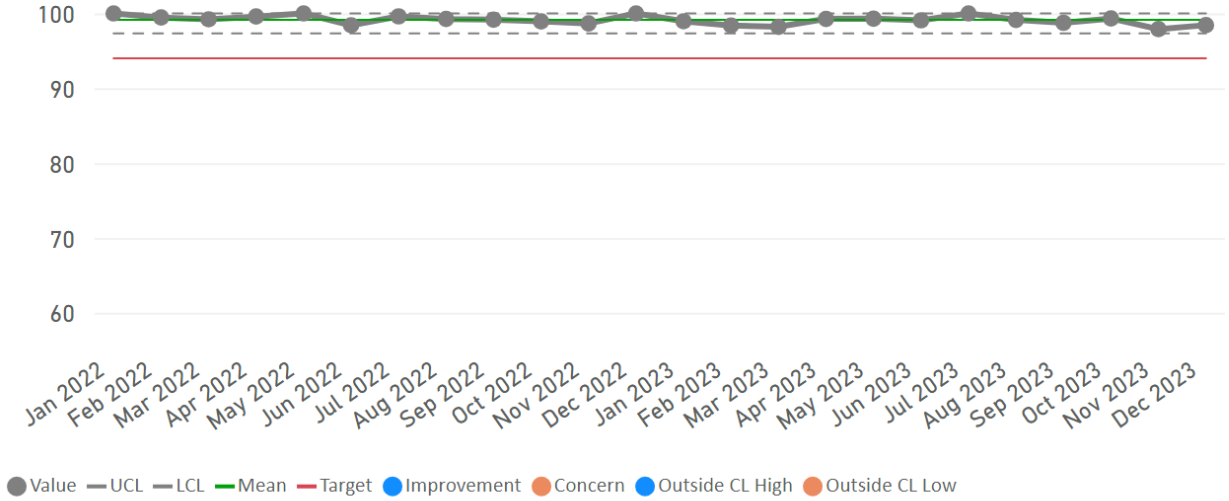
Month	Performance	Target	Trend	Assurance
Dec 2023	83.2%	92%		



CARING

Community Experience (%)

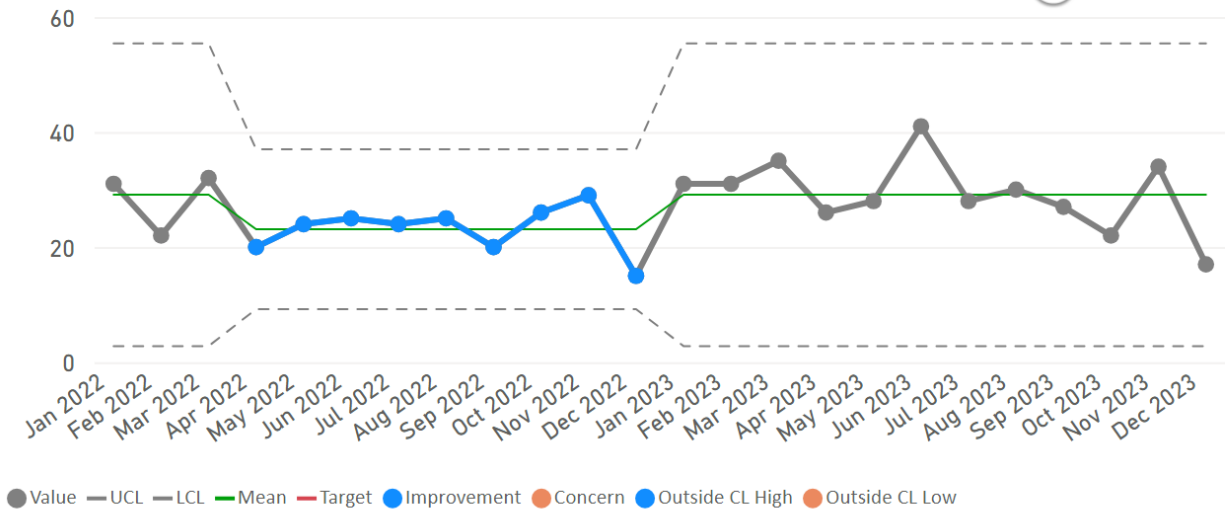
Month	Performance	Target	Trend	Assurance
Dec 2023	98.4%	94%		



CARING

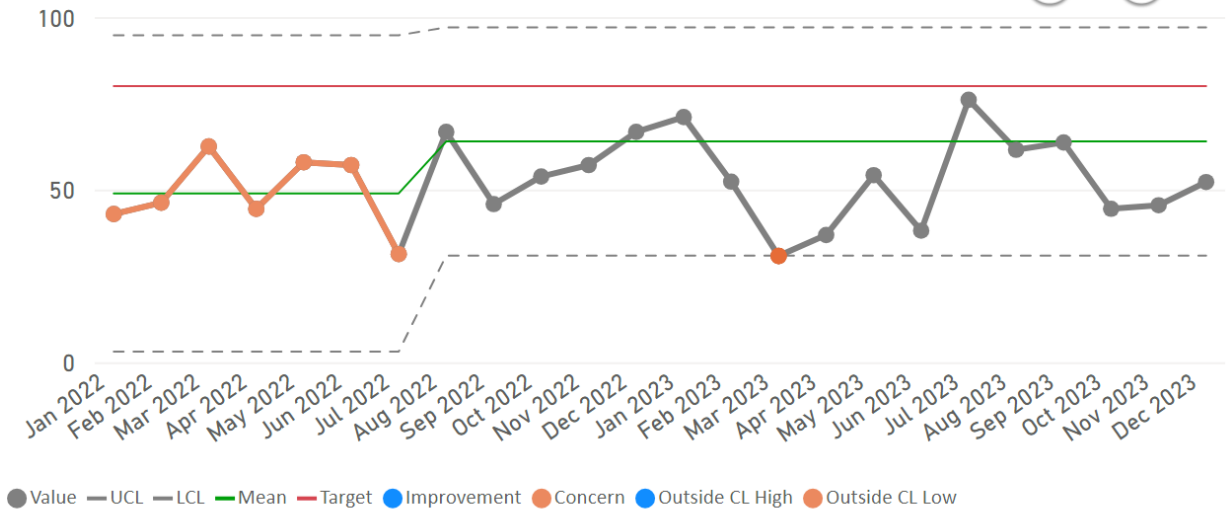
New Complaints

Month	Performance	Target	Trend	Assurance
Dec 2023	17			N/A



Closed Within Target (%)

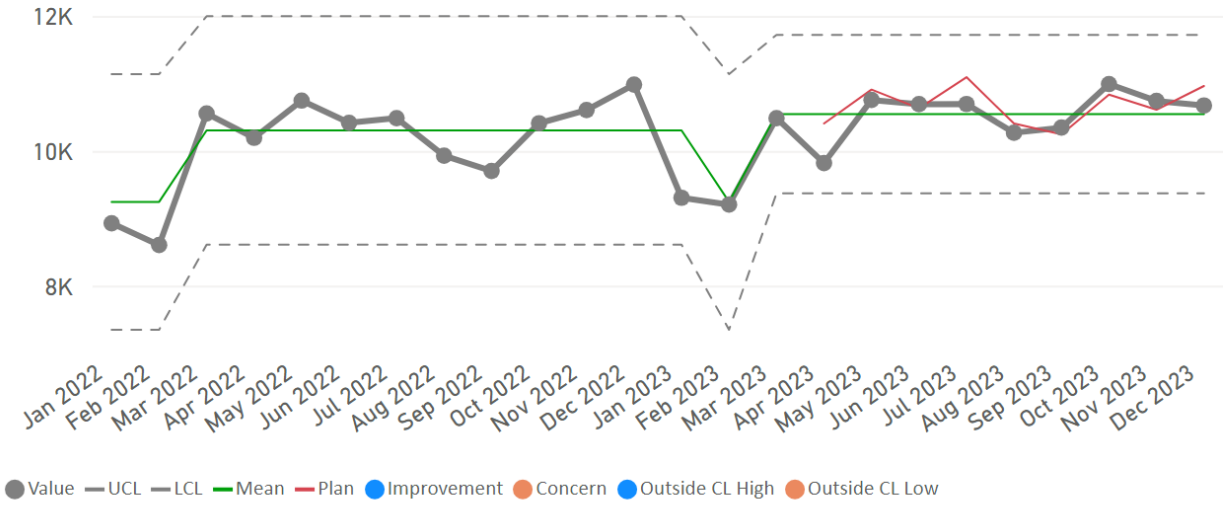
Month	Performance	Target	Trend	Assurance
Dec 2023	52.2%	80%		



RESPONSIVE

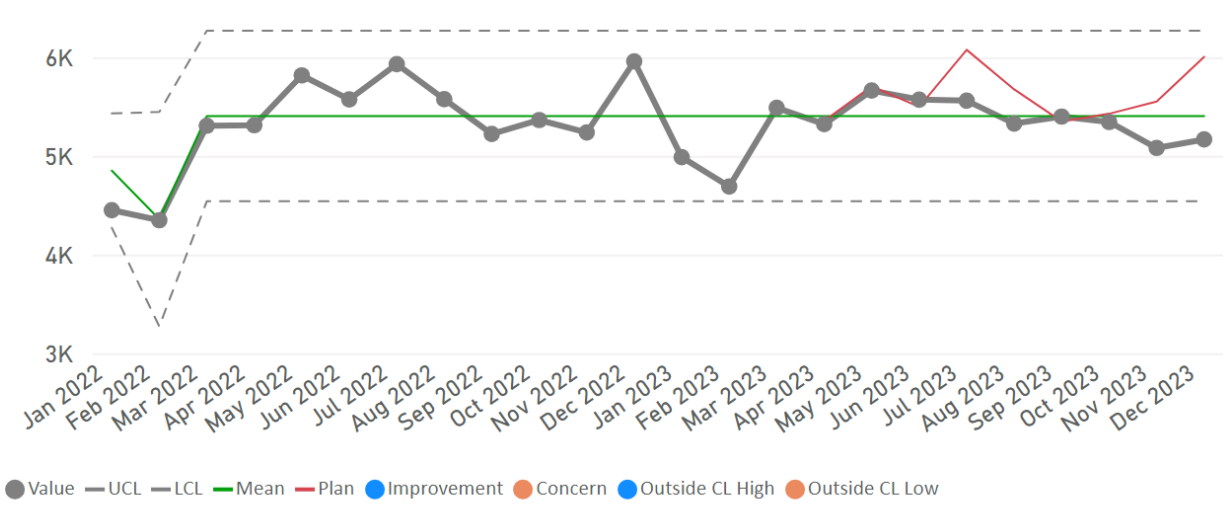
A&E Attendances - Type 1

Month	Performance	Plan	Trend	Assurance
Dec 2023	10671	10960		



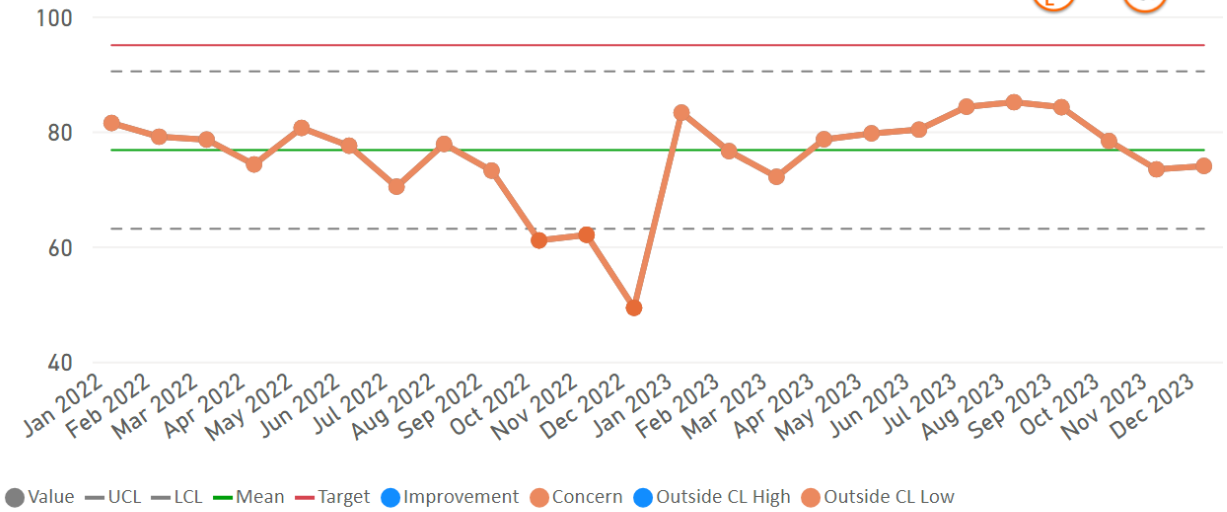
A&E Attendances - Type 3

Month	Performance	Plan	Trend	Assurance
Dec 2023	5167	6004		



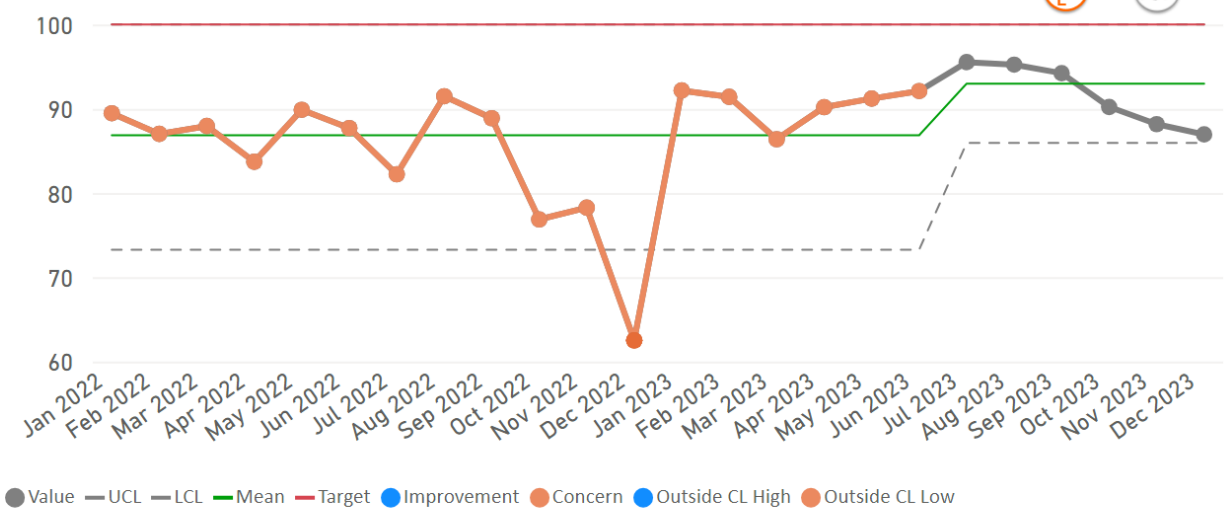
Handovers - Within 30 Mins (%)

Month	Performance	Target	Trend	Assurance
Dec 2023	74%	95%		



Handovers - Within 60 Mins (%)

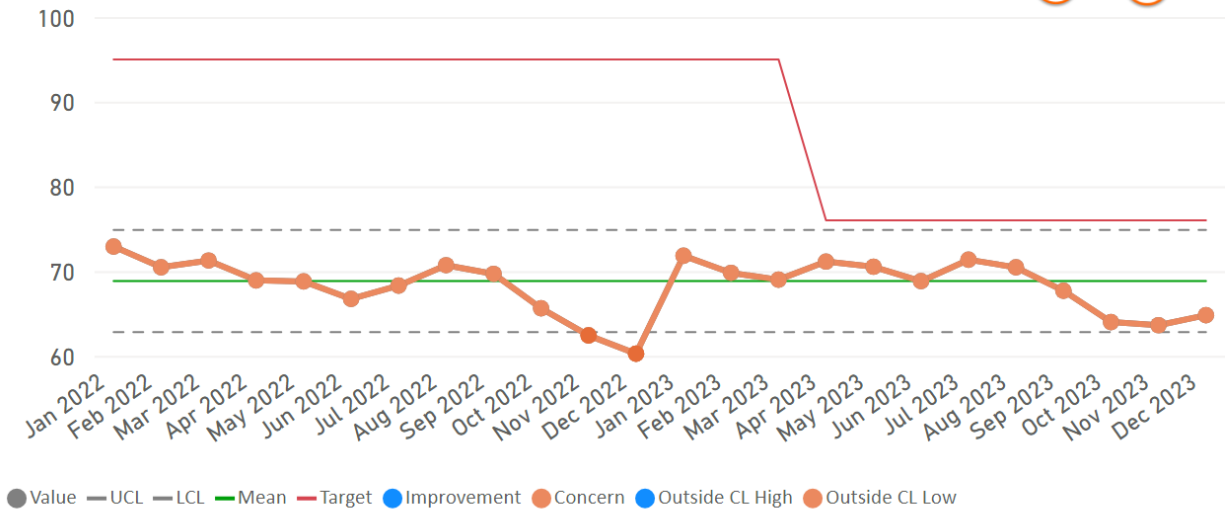
Month	Performance	Target	Trend	Assurance
Dec 2023	86.9%	100%		



RESPONSIVE

4-Hour A&E Standard

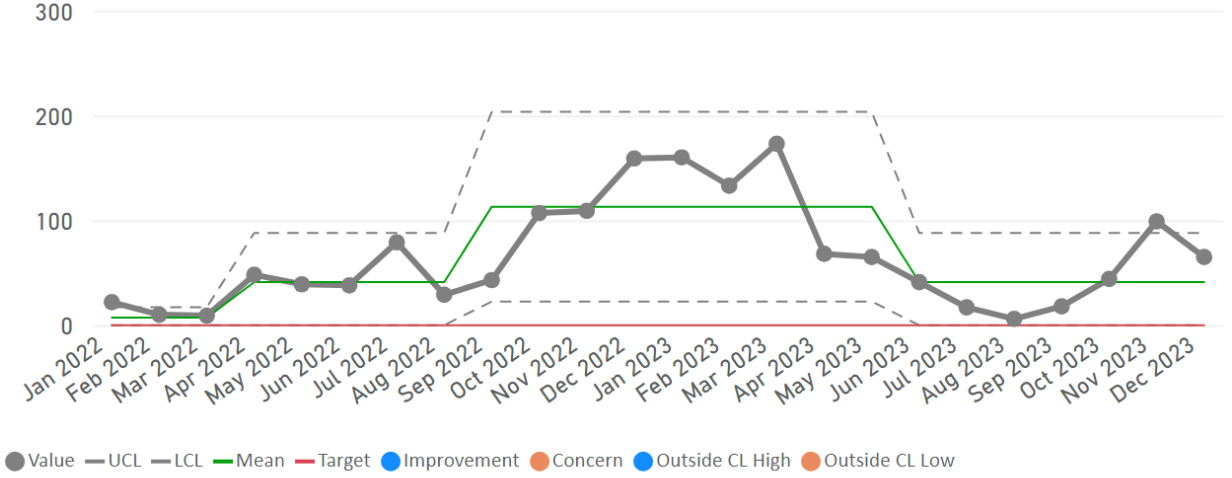
Month	Performance	Target	Trend	Assurance
Dec 2023	64.8%	76%		



Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

12-Hour Waits from Decision to Admit

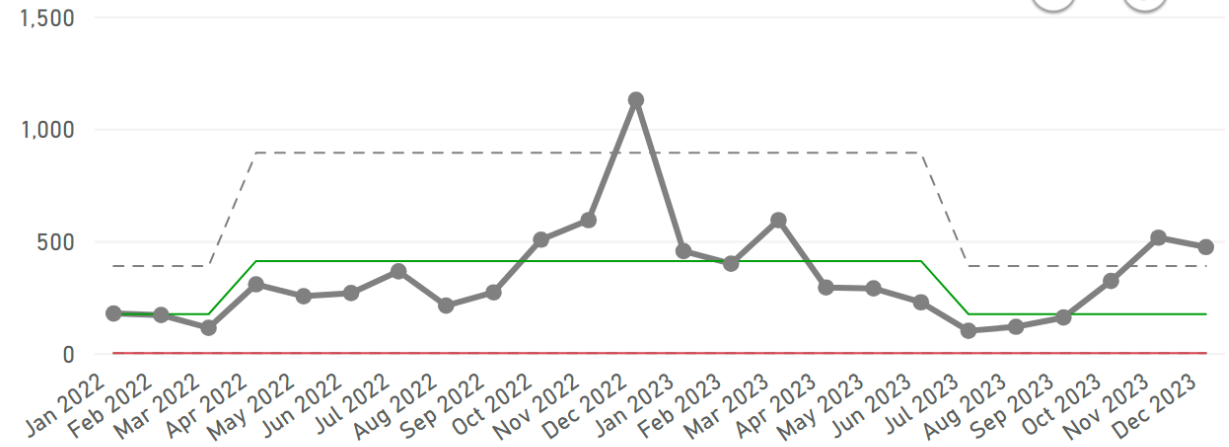
Month	Performance	Target	Trend	Assurance
Dec 2023	65	0		



Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

12-Hour A&E Breaches

Month	Performance	Target	Trend	Assurance
Dec 2023	472	0		

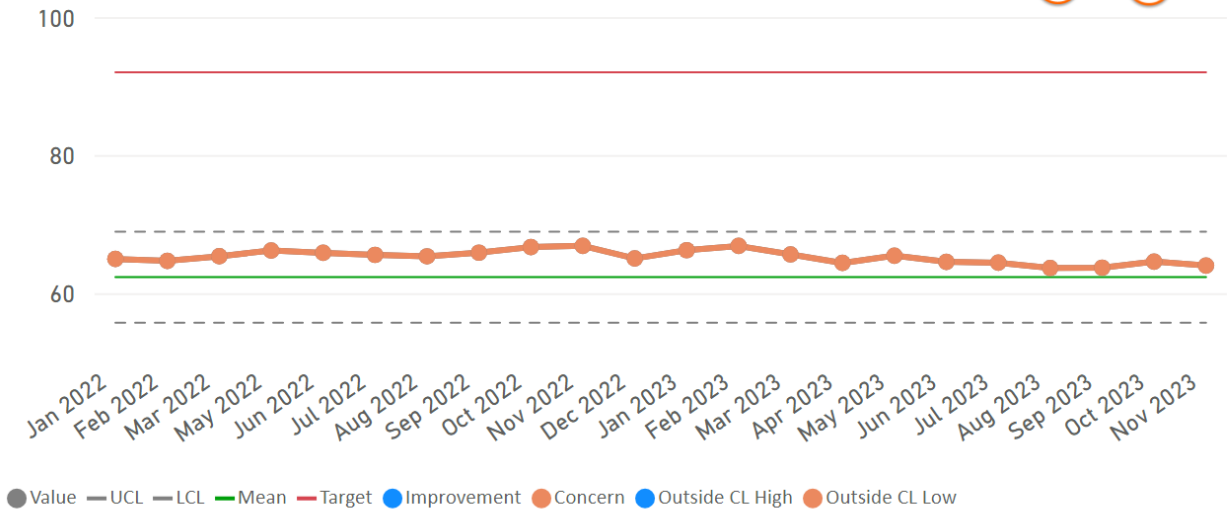


Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

RESPONSIVE

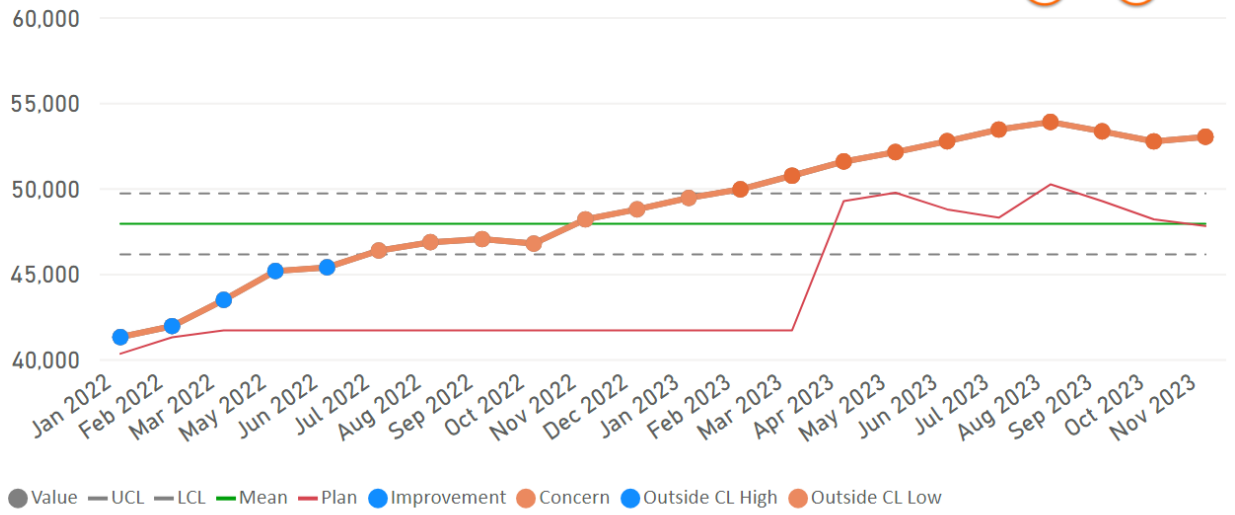
RTT Incomplete Pathways (%)

Month	Performance	Plan	Trend	Assurance
Nov 2023	64%	92%		



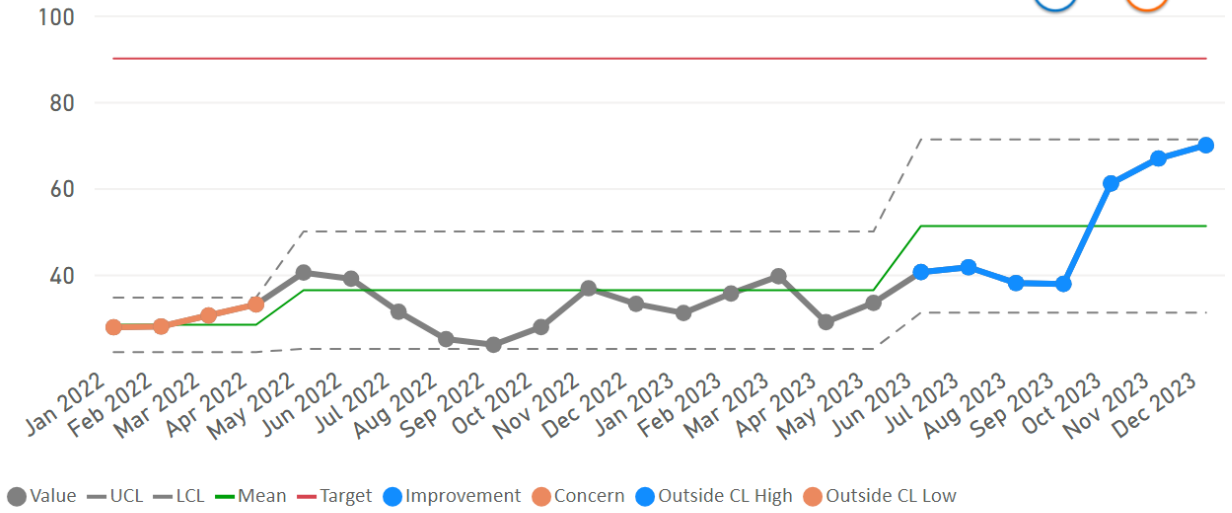
RTT Waiting List Size

Month	Performance	Plan	Trend	Assurance
Nov 2023	52990	47776		



RTT Validated Within 12 Weeks (%)

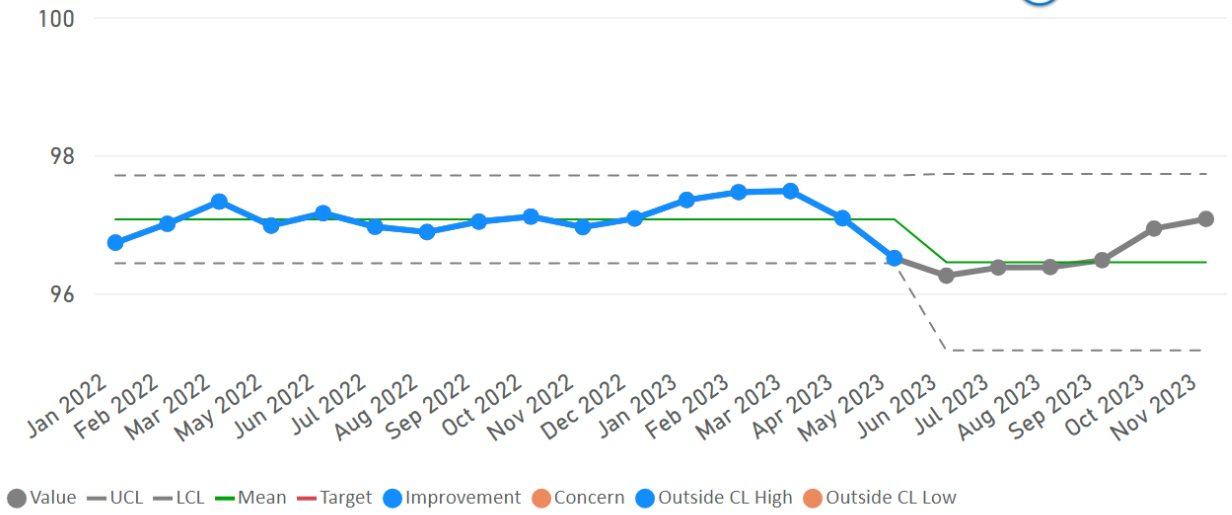
Month	Performance	Target	Trend	Assurance
Dec 2023	69.9%	90%		



RESPONSIVE

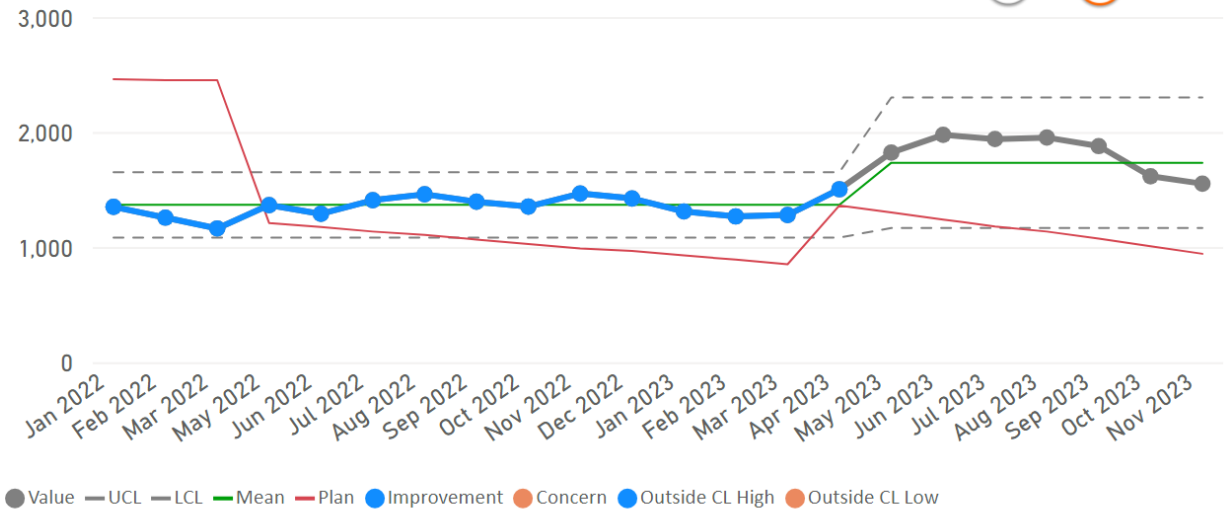
RTT List Size within 52 weeks (%)

Month	Performance	Plan	Trend	Assurance
Nov 2023	97.1%		H	N/A



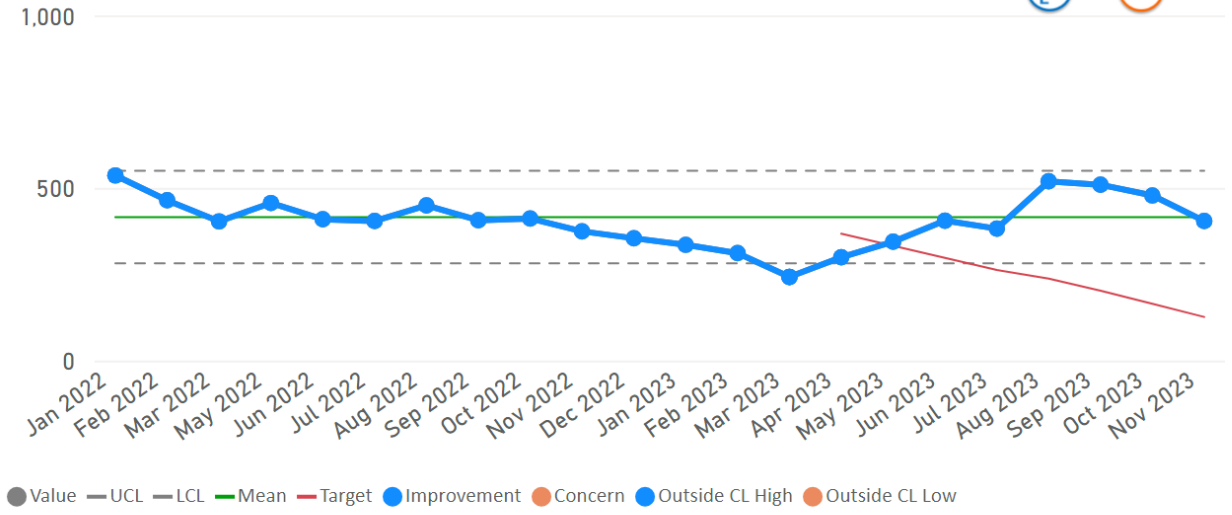
RTT 52 week waiters

Month	Performance	Plan	Trend	Assurance
Nov 2023	1551	942		F



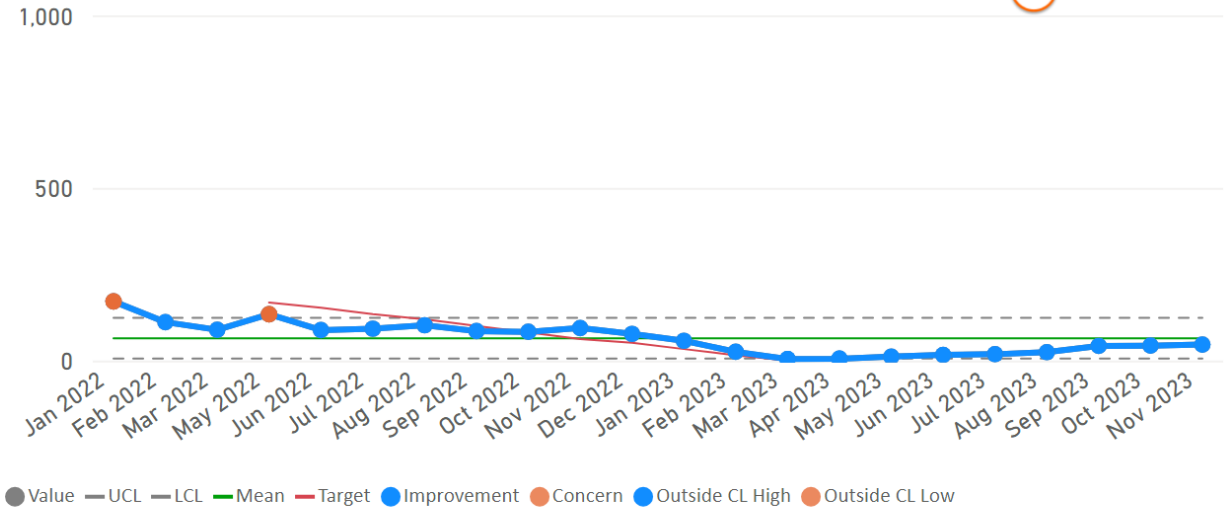
RTT 65 week waiters

Month	Performance	Plan	Trend	Assurance
Nov 2023	404	126	L	F



RTT 78 week waiters

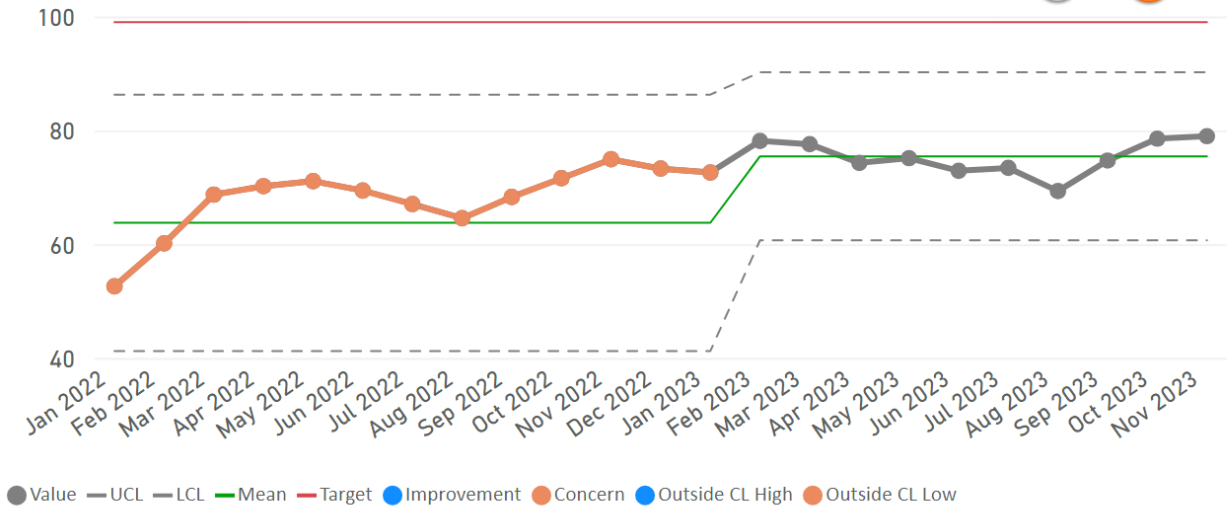
Month	Performance	Plan	Trend	Assurance
Nov 2023	46		H	N/A



RESPONSIVE

Diagnostic 6 Weeks Standard (%)

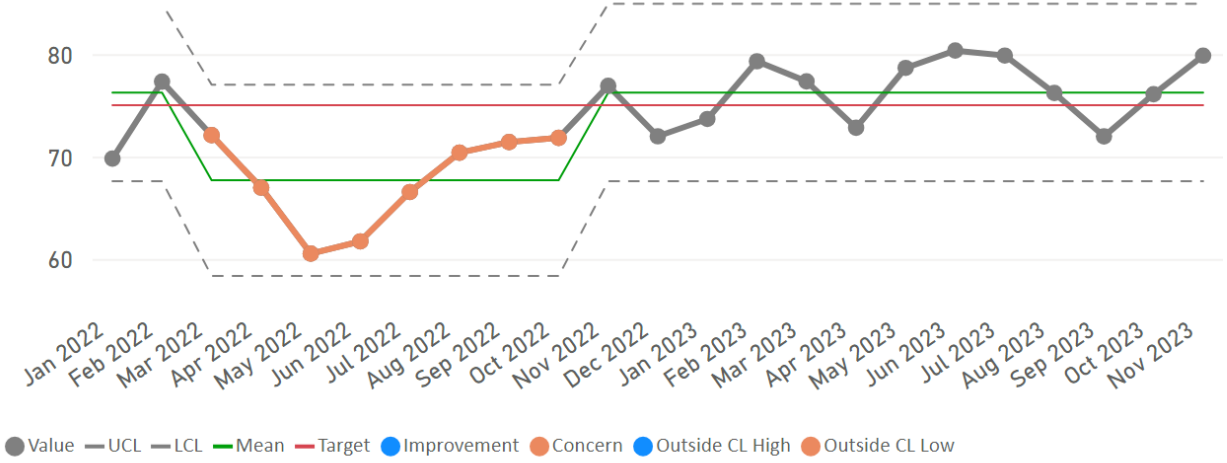
Month	Performance	Target	Trend	Assurance
Nov 2023	79%	99%		



RESPONSIVE

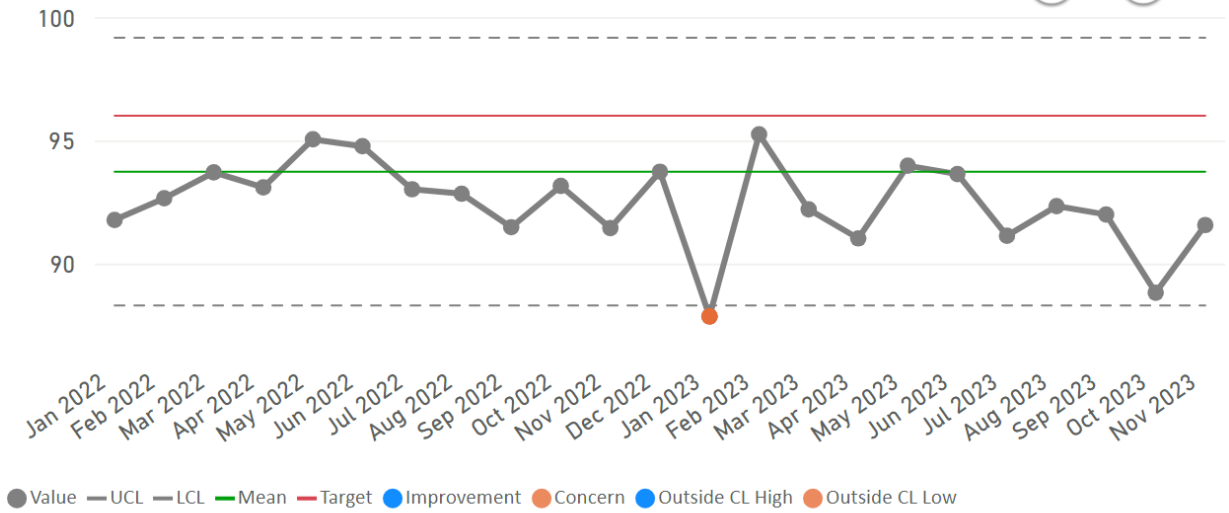
Cancer - Faster Diagnosis Standard (%)

Month	Performance	Target	Trend	Assurance
Nov 2023	79.9%	75%		



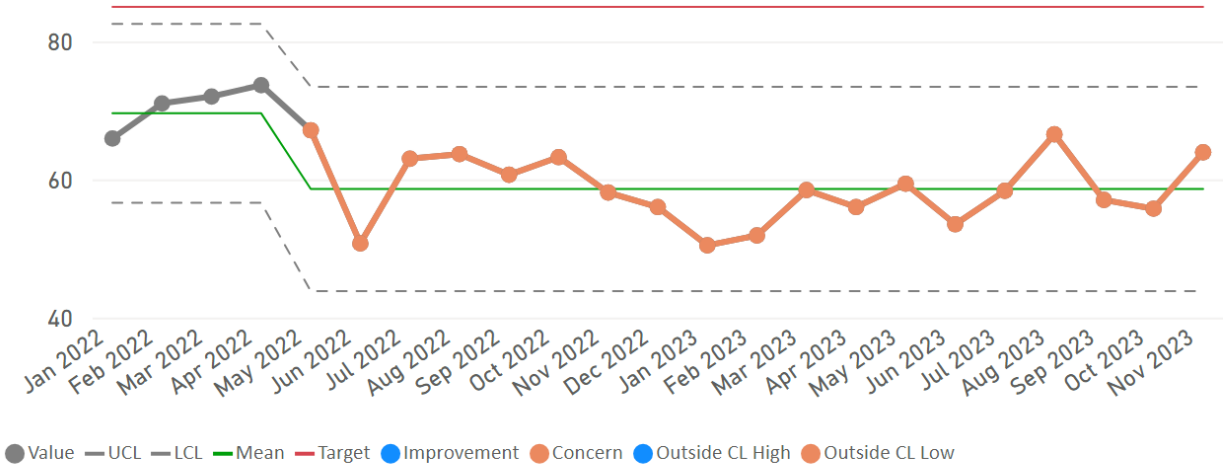
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Nov 2023	91.6%	96%		



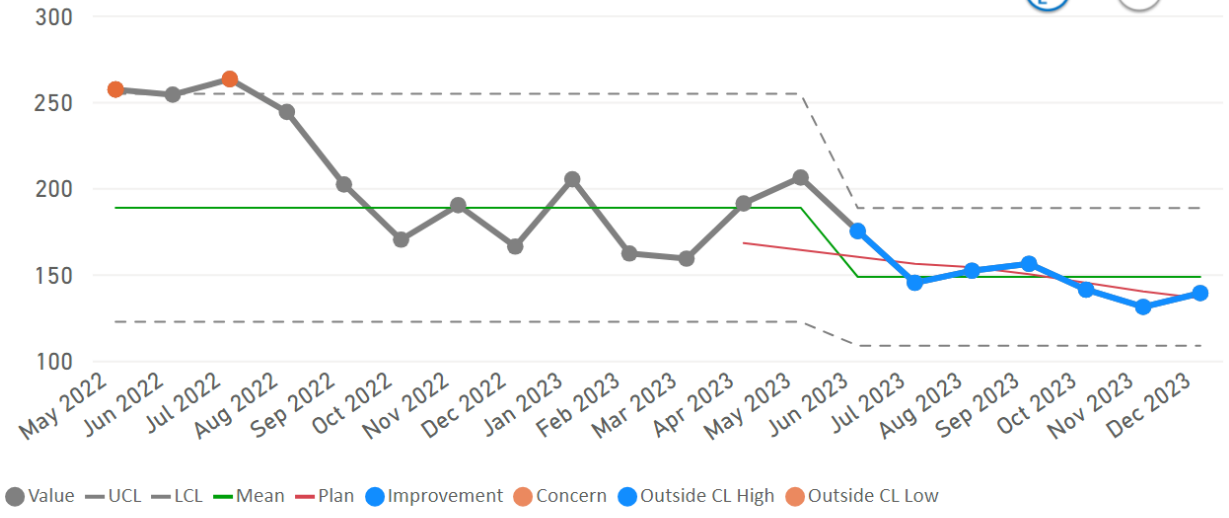
Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Nov 2023	63.9%	85%		



Cancer >62 Day Backlog

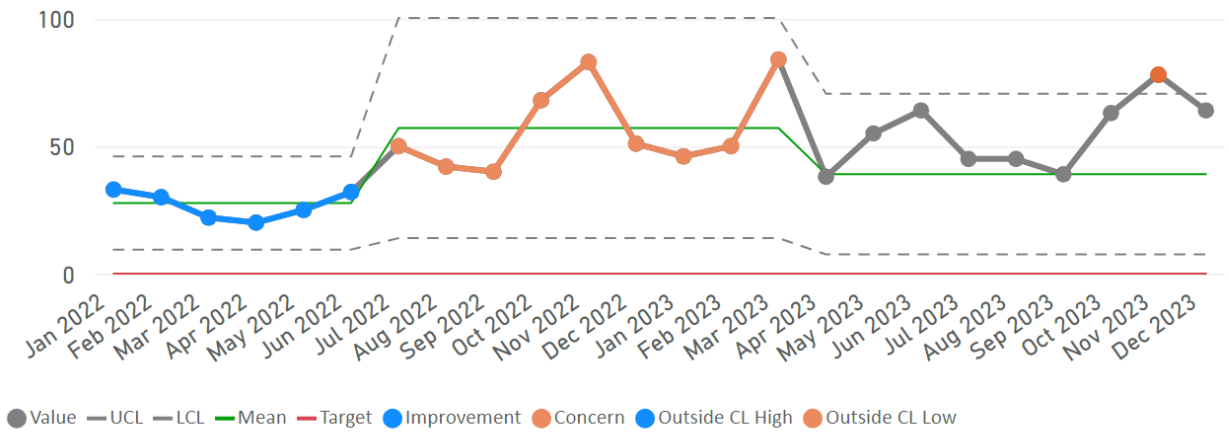
Month	Performance	Target	Trend	Assurance
Dec 2023	139	136		



RESPONSIVE

Cancelled Ops - Non-Urgent Cancelled On Day

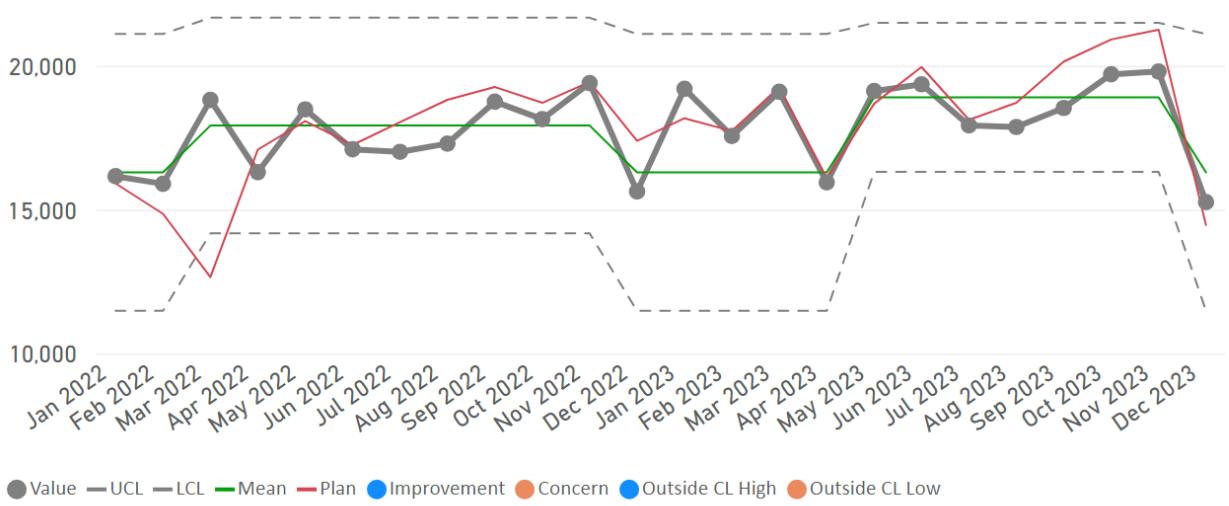
Month	Performance	Target	Trend	Assurance
Dec 2023	64	0	H	F



RESPONSIVE

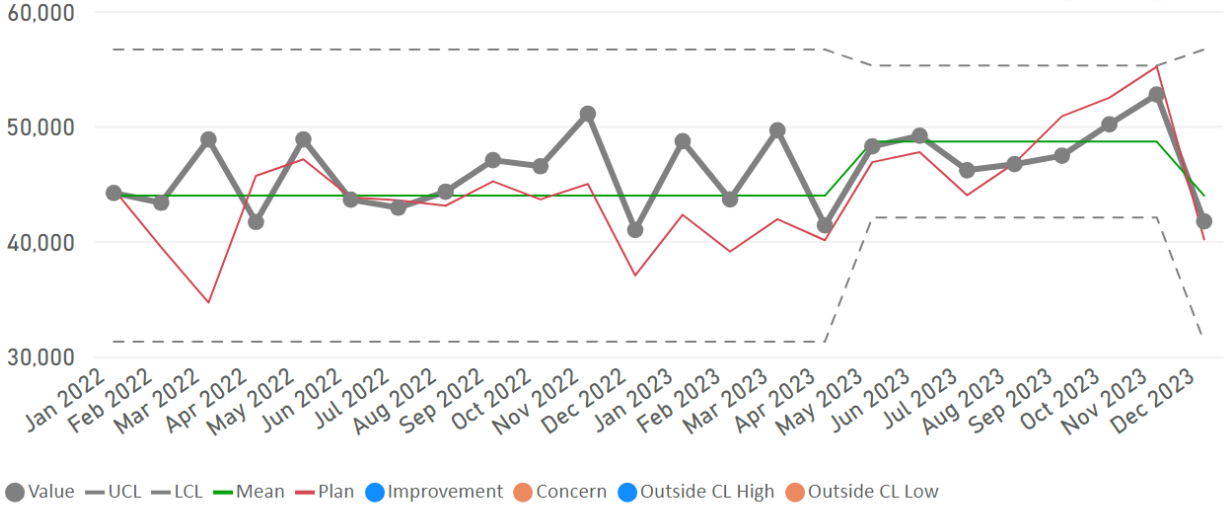
Outpatient First Attendances

Month	Performance	Target	Trend	Assurance
Dec 2023	15252	14454		



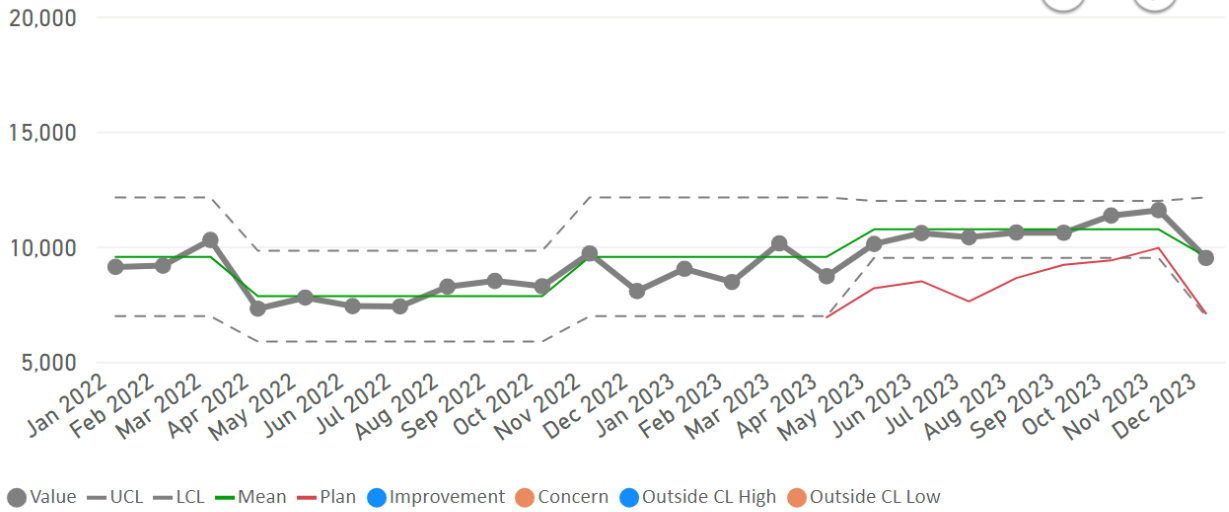
Outpatient Follow Up Attendances

Month	Performance	Plan	Trend	Assurance
Dec 2023	41713	40148		



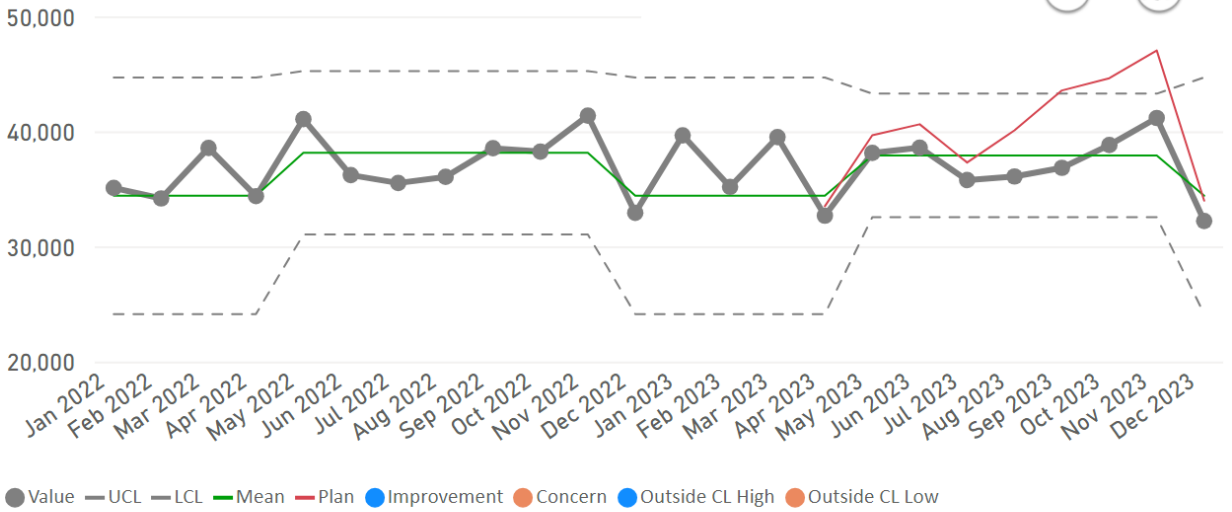
Outpatient Follow-Ups (Procedure)

Month	Performance	Plan	Trend	Assurance
Dec 2023	9501	7082		



Outpatient Follow-Ups (Standard)

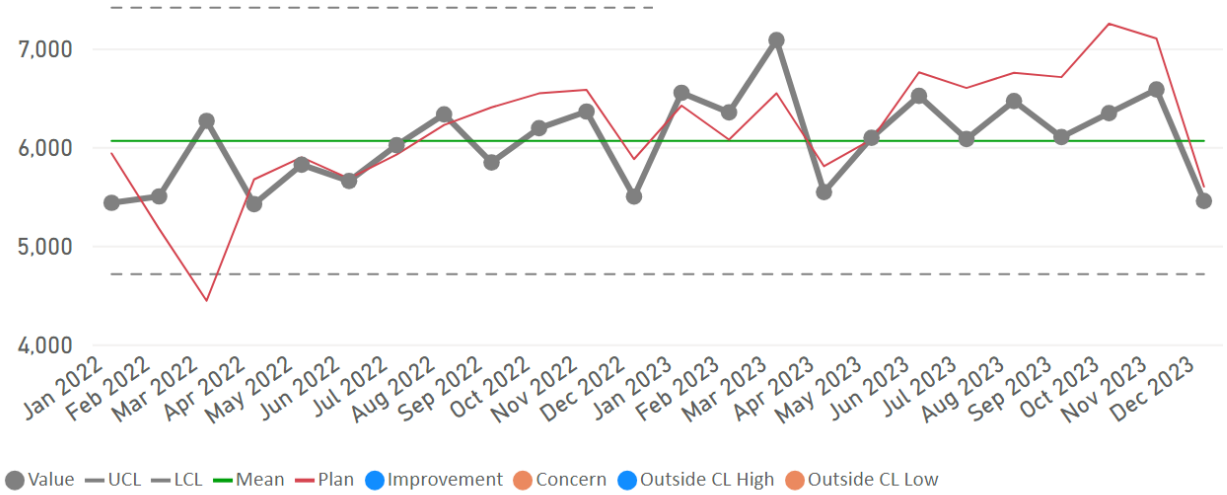
Month	Performance	Plan	Trend	Assurance
Dec 2023	32212	33975		



RESPONSIVE

Day Case admissions

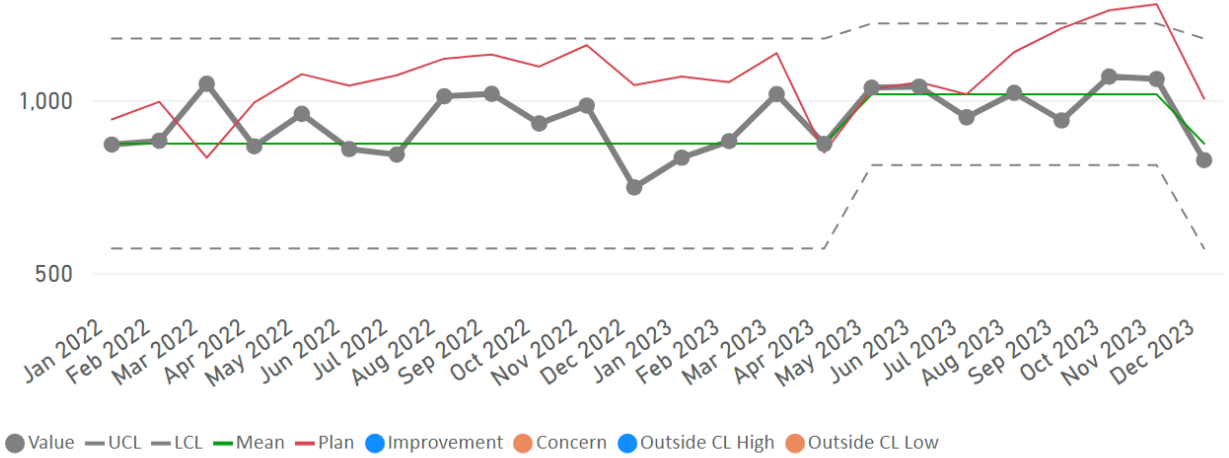
Month	Performance	Plan	Trend	Assurance
Dec 2023	5452	5598		



Value UCL LCL Mean Plan Improvement Concern Outside CL High Outside CL Low

Ordinary Elective admissions

Month	Performance	Plan	Trend	Assurance
Dec 2023	826	1004		

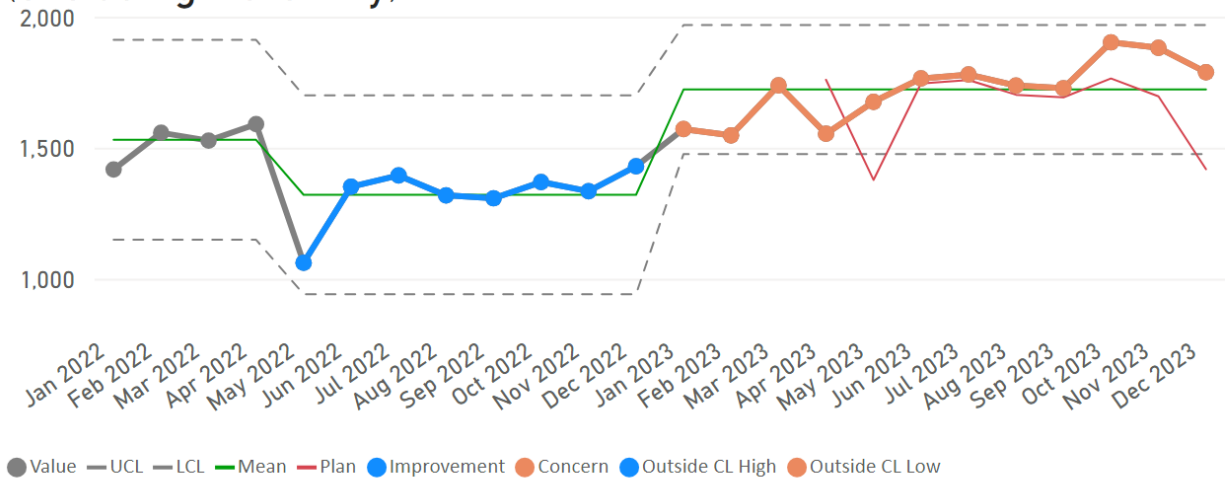


Value UCL LCL Mean Plan Improvement Concern Outside CL High Outside CL Low

RESPONSIVE

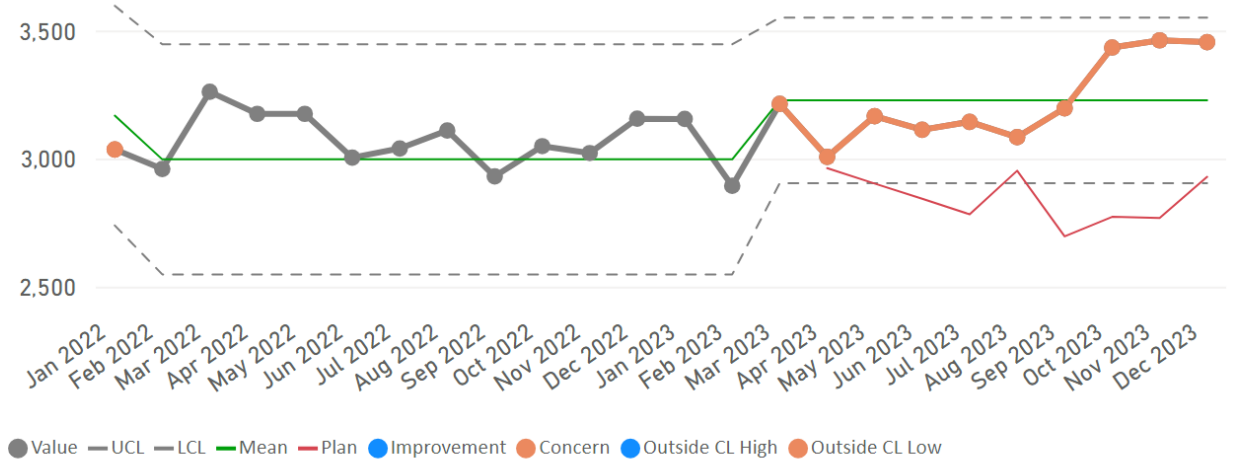
NEL admissions with 0 LOS (excluding Maternity)

Month	Performance	Plan	Trend	Assurance
Dec 2023	1788	1418	H	F



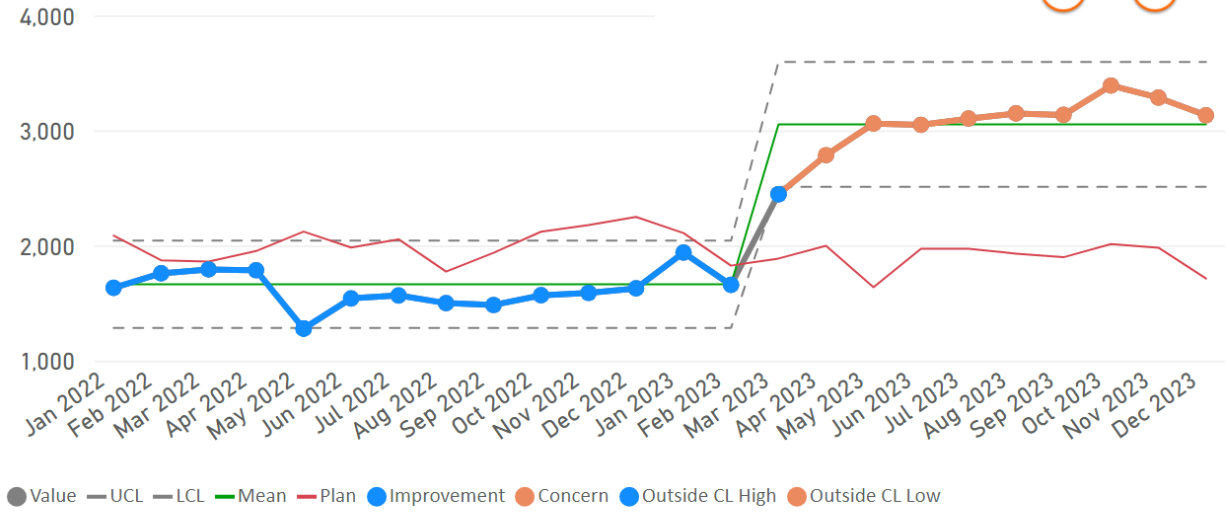
NEL admissions with 1+ LOS (excluding Maternity)

Month	Performance	Plan	Trend	Assurance
Dec 2023	3454	2928	H	?



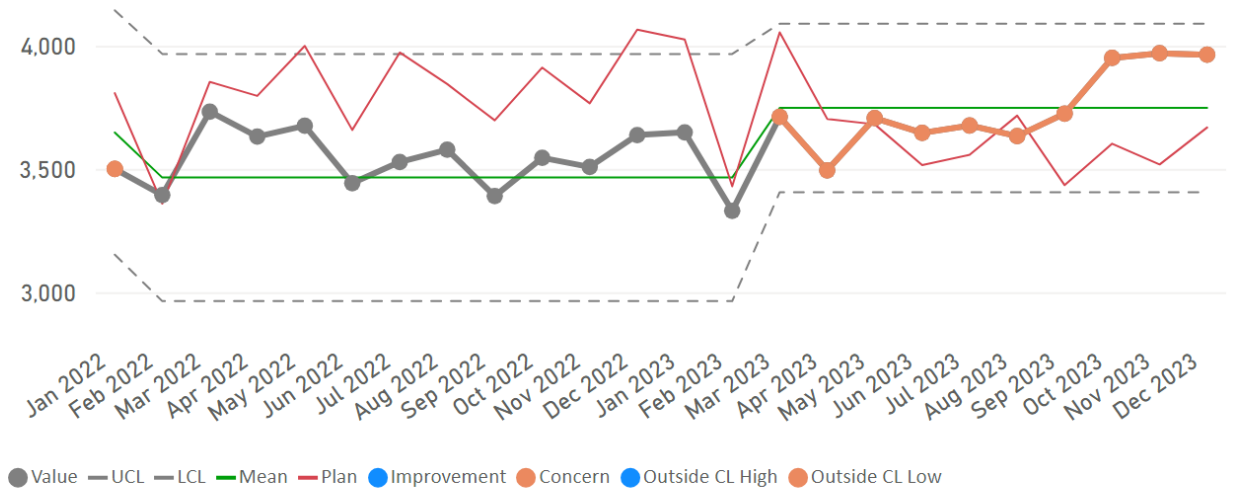
NEL admissions with 0 LOS

Month	Performance	Plan	Trend	Assurance
Dec 2023	3131	1712	H	F



NEL admissions with 1+ LOS

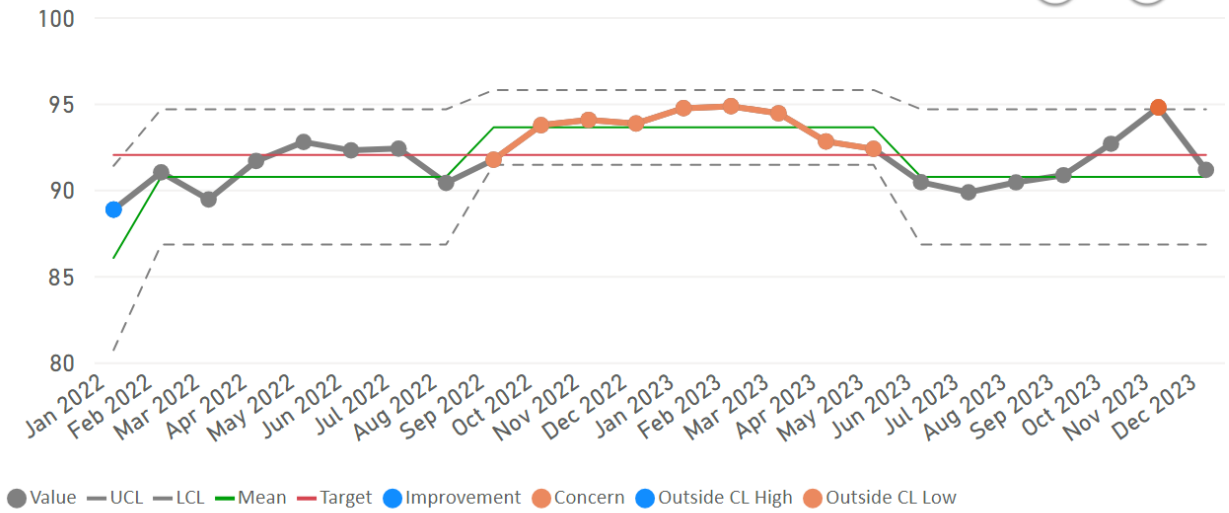
Month	Performance	Plan	Trend	Assurance
Dec 2023	3963	3668	H	?



RESPONSIVE

G&A Occupied Beds (%)

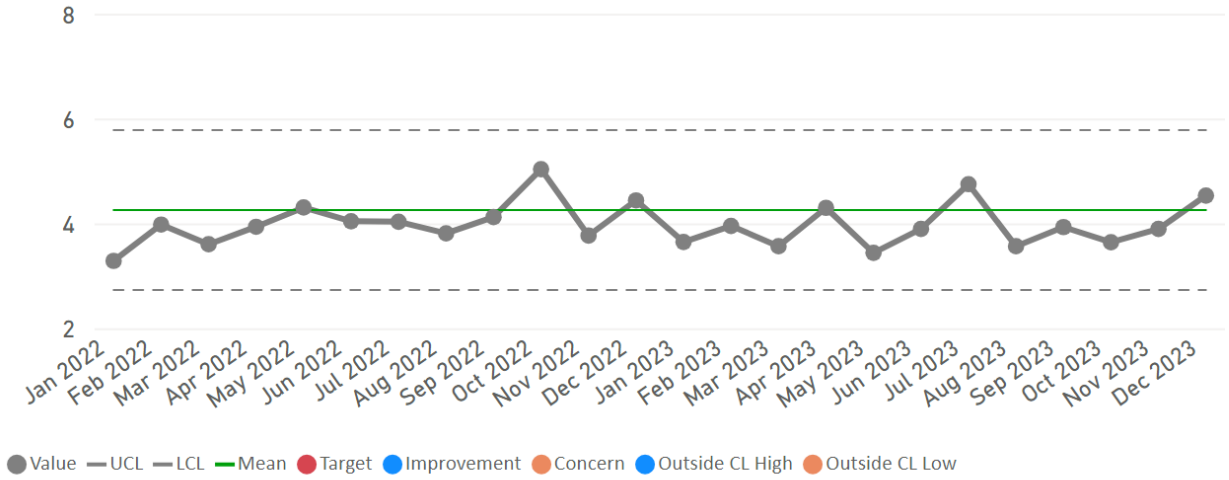
Month	Performance	Target	Trend	Assurance
Dec 2023	91.1%	92%		



RESPONSIVE

Length of Stay - Elective

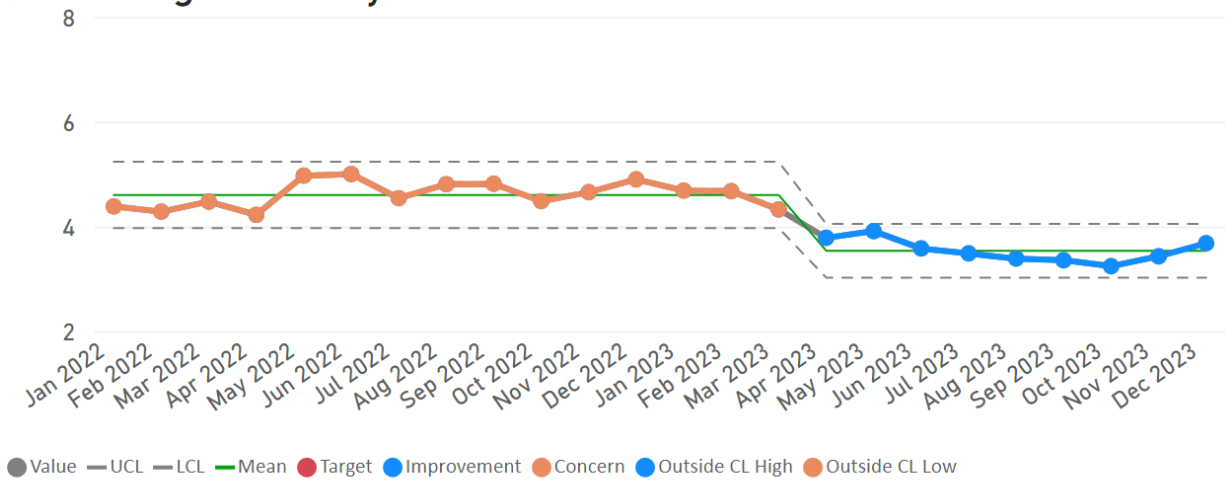
Month	Performance	Target	Trend	Assurance
Dec 2023	4.5			N/A



Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

Length of Stay - Non-Elective (excluding Maternity)

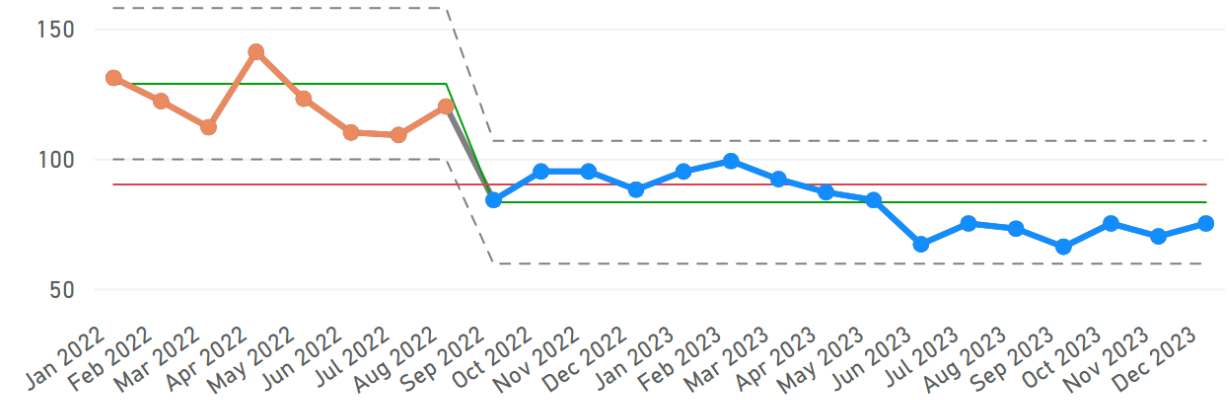
Month	Performance	Target	Trend	Assurance
Dec 2023	3.7			N/A



Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

Ready for Discharge, not Discharged

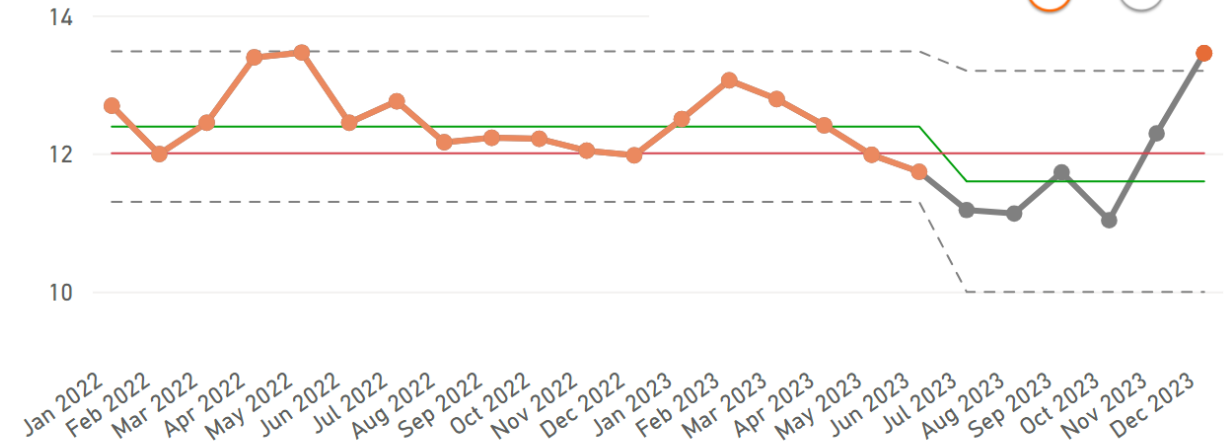
Month	Performance	Plan	Trend	Assurance
Dec 2023	75	90		



Value UCL LCL Mean Plan Improvement Concern Outside CL High Outside CL Low

21 Day Stranded Patients (%)

Month	Performance	Plan	Trend	Assurance
Dec 2023	13.5%	12%		

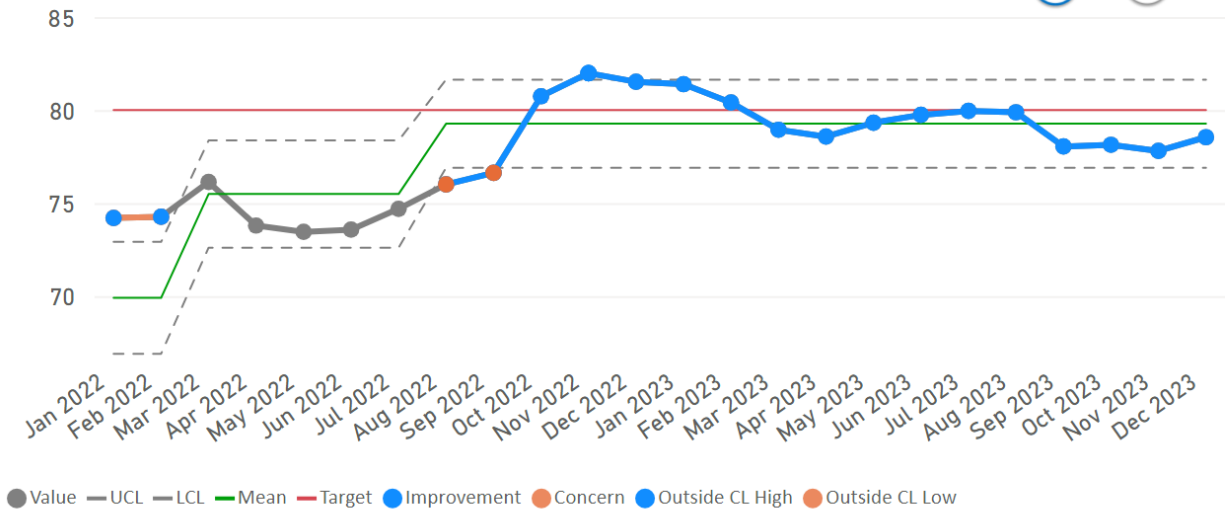


Value UCL LCL Mean Plan Improvement Concern Outside CL High Outside CL Low

WELL-LED

Annual Appraisal (%)

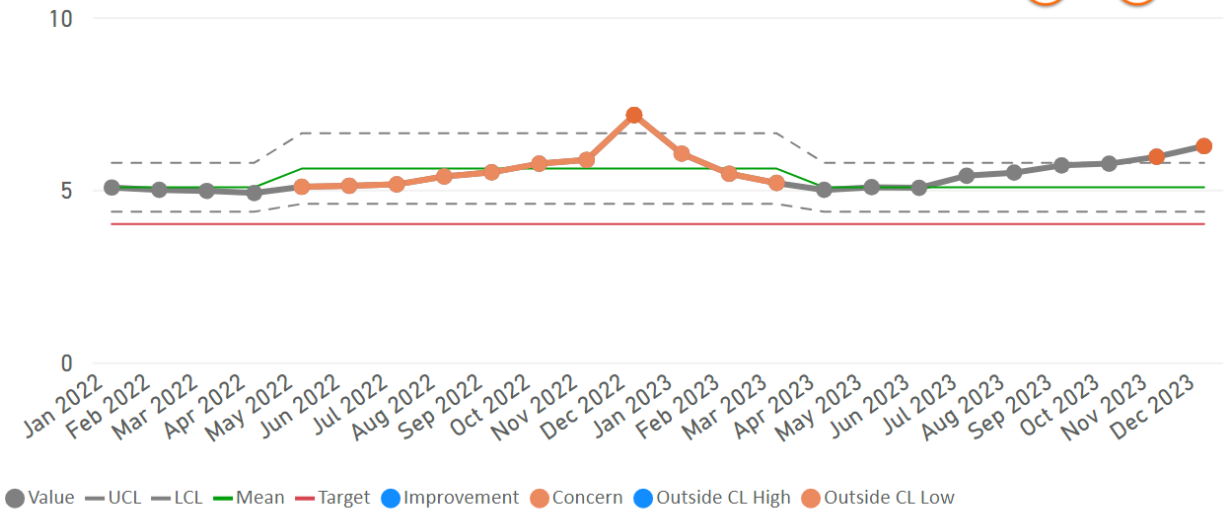
Month	Performance	Target	Trend	Assurance
Dec 2023	78.5%	80%	H	?



Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

Sickness Absence (%)

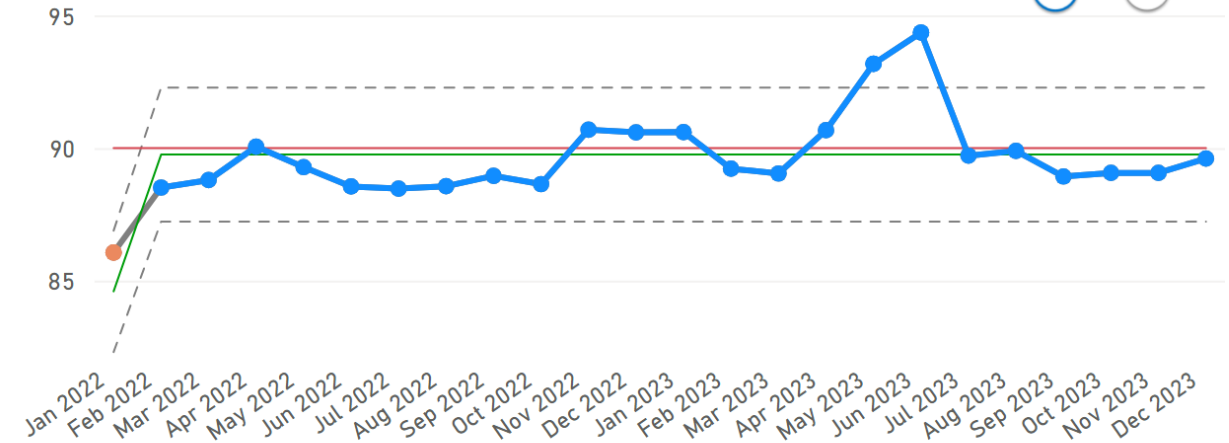
Month	Performance	Target	Trend	Assurance
Dec 2023	6.3%	4%	H	F



Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

Mandatory Training (%)

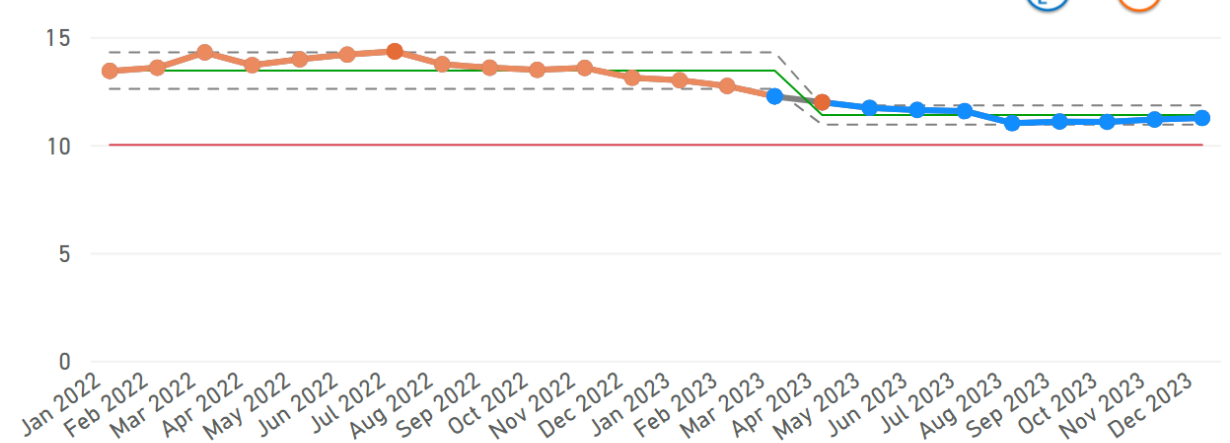
Month	Performance	Target	Trend	Assurance
Dec 2023	89.6%	90%	H	?



Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

Staff Turnover (%)

Month	Performance	Target	Trend	Assurance
Dec 2023	11.2%	10%	L	F

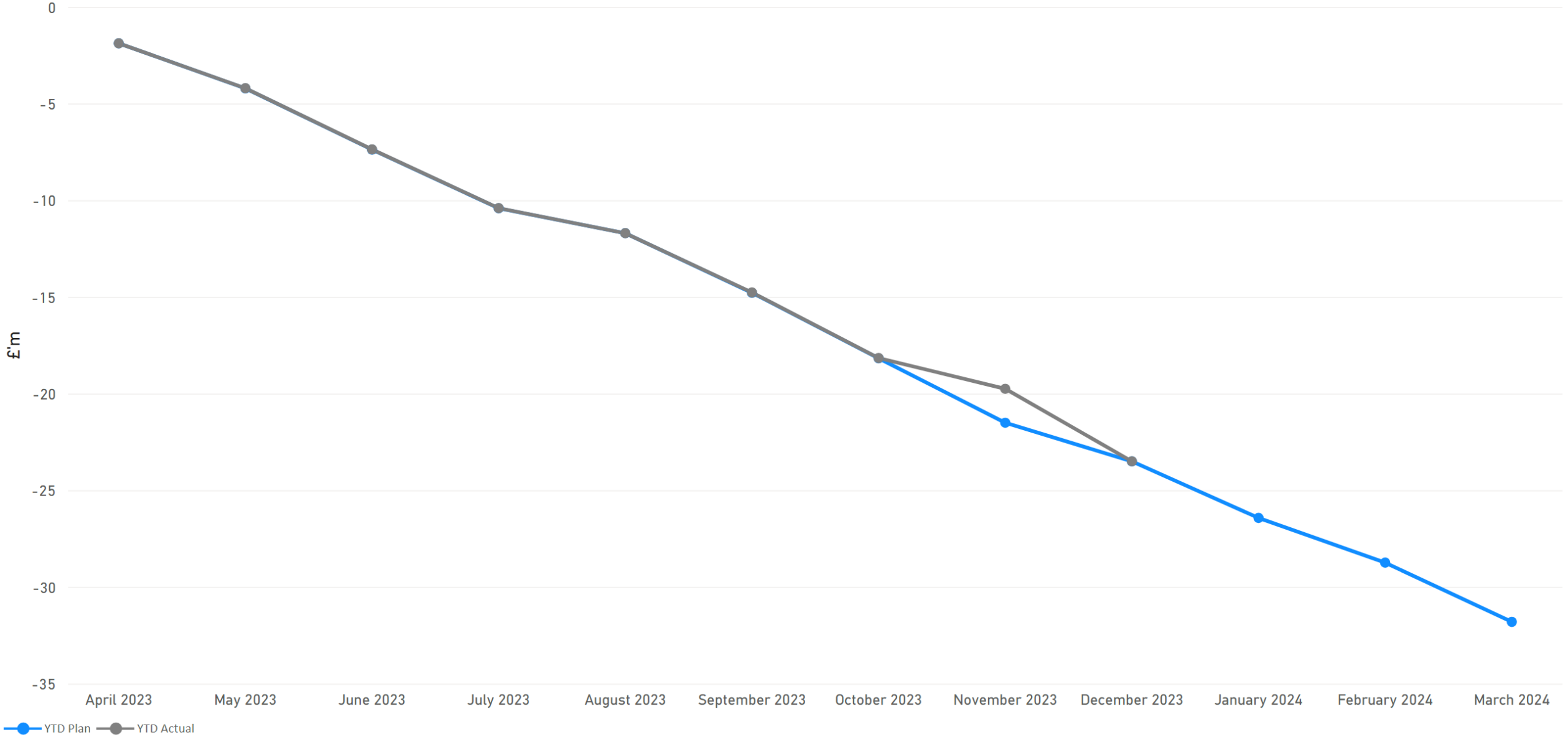


Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

WELL-LED

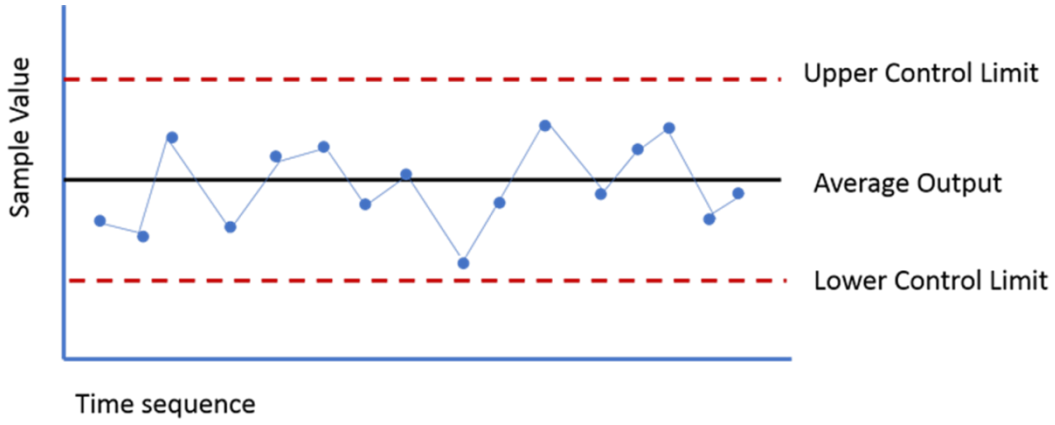
Cumulative YTD Financial Position (£'millions)

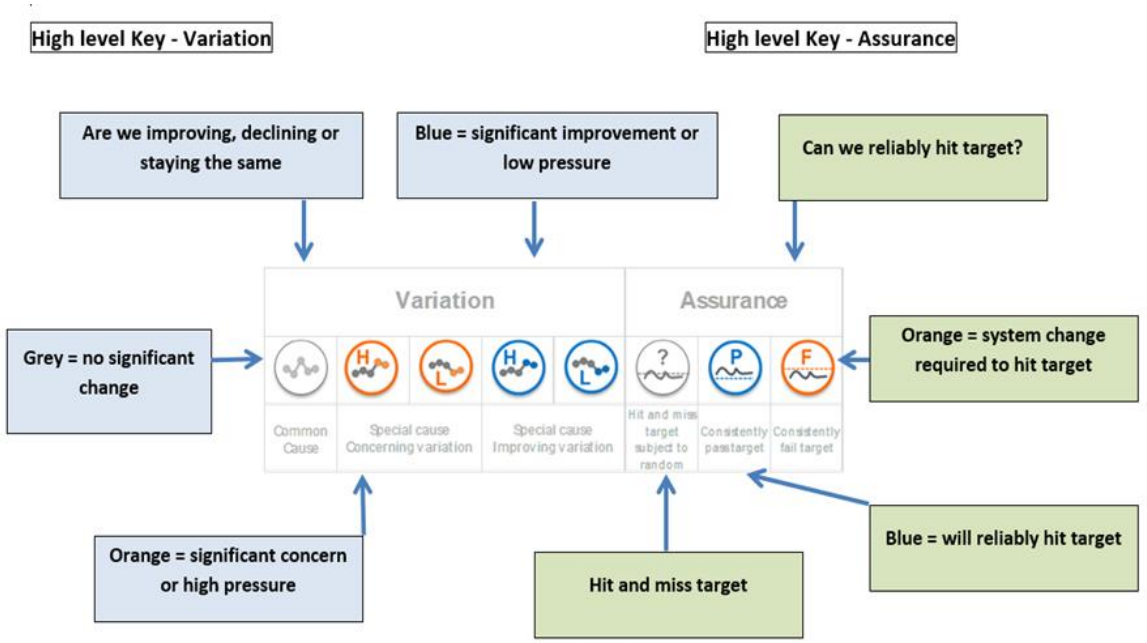
Month	Performance	Target
Dec 2023	-£23.506m	-£23.509m



SPC CHARTS

Statistical Process Control (SPC) charts with indicators of variation and assurance, are utilised where applicable, in line with the best practice standards of *Making Data Count*.





South Tees Hospitals
NHS Foundation Trust

PEOPLE COMMITTEE
Chair's Log

Meeting: NHS South Tees – People Committee	**Date of Meeting**: 31.01.2024
Connecting to: Board of Directors	Chair – Mark Dias
Key topics discussed in the meeting	

Health and Wellbeing Report

Committee recognised the **Better Health at Work Gold Award** and the hard work as echoed by the assessor, *'an outstanding gold level submission from South Tees Trust which demonstrates some excellent progress across a number of core areas related to health and wellbeing. The improvement and engagement demonstrated, as well as some core structural additions, are very impressive'*.

Committee also noted the leadership on menopause and selection decision for South Tees to operate a proof of concept' site. We look forward to sharing this learning with colleagues across the Group.

The update for vaccinations, incl. flu vaccine, remains disappointingly low. Apathy across South Tees echo's national and regional trends. Committee noted an interdependency with a seasonal spike is sickness absence and what other initiatives are available to encourage greater engagement.

Psychological Support. Committee noted the ongoing review into psychological services. A timeline to be provided when the completed (or draft) report will come to people committee. A changed funding arrangement and early referrals are overloading the system; the occupational service looking to prioritise as an NHS employer.

Establishment Plan for AHP's

Committee noted the excellent work by Alan Brownrigg and wish him well in his future career.

Discussions on the work of job planning, i.e. service gaps, workforce challenges, capacity, and demand. Some examples include:

- New entry routes to the professions
- AHP deployment
- Professional development incl. advanced practice

The ongoing job planning process will come back to people committee in April 2024

Freedom to speak up

Committee noted the quarterly report and continued assurance and Group engagement.
EDI information is now provided, and more trend data will dovetail into the WRES & WDES

Workforce Performance

Sickness absence is increasing, and further information requested from clinical leadership.

Local Clinical Excellence Awards

Process completed and People Committee Chair participated. Approved.

Committee expressed its thanks for Rob's leadership, his passion, values, and integrity. His contributions to the people committee and agenda were invaluable. We wish him every success in his new position and NHS career

Actions	Responsibility / timescale
No actions	

Escalated items
Key Issues/ Concerns for escalation: Absenteeism is moving in the wrong direction (upwards). Board level and clinical leadership interventions are required now to prevent a repeat of Q1 high rates (>7%) **Sharing good practice/Things to celebrate:** EDI continues to show improvements and a more precise awareness of areas for intervention. Our understanding is maturing and resulting is systemic change.

Risks (Include ID if currently on risk register)	Responsibility / timescale
None	

Audit & Risk Committee
Chair's Log

Meeting: Audit & Risk Committee	**Date of Meeting**: 22 November 2023
Highlights for: Board of Directors	**Chair of committee – Ken Readshaw**

Overview of key areas of work and matters for Board.

Internal Audit - Clinical Audit - High Risk; Cost Improvement Plan - Moderate Risk Outstanding actions continue to be addressed

External Audit - Early work to prepare for application of IFRS16 to PFI contracts Accounts for South Tees Charity, South Tees Institute of Learning, Research and Innovation LLP and South Tees Healthcare Management Ltd reviewed and recommended for approval

Risk Management - Continued improvements to risk management system. Next major steps in the plan will be the disaggregation of corporate risks and work to assess completeness of the system

EPRR – review of annual report and self assessment of EPRR standards agreed and recommended to Board

Review of QAC Risk with committee chair

Joint Partnership Board assurance - strong assurance received around establishment of this sub committee, but assurance needed by statutory boards around operation of JPB. This is work in progress

Actions to be taken	Responsibility / timescale
None	

Issues to escalate to Board

Accounts for Charity; LLP and Ltd recommended for approval by respective Boards

EPRR recommended for approval

Good assurance of managing risks in the Quality Assurance Committee

Strong assurance received on JPB – further work required as the Trust moves into mobilsation

Risks (Include ID if currently on risk register)	Responsibility / timescale

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS – 20 FEBRUARY 2024			
Update on the Trust Constitution			**AGENDA ITEM: 17** **ENC 12**
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	**Responsible Director:**	Derek Bell Chairman
Action Required	Approve ☒ Discuss ☐ Inform ☐ (select the relevant action required)		
Situation	An annual review of the Trust constitution has been undertaken by the constitution sub group of the Council of Governors		
Background	On an annual basis or if legislation changes the Trust Constitution should be reviewed and if appropriate amendments made. The constitution sub group of the Council of Governors has met and reviewed the constitution document.		
Assessment	Following review of the current constitution a small number of changes have been made. These do not change any duty of the Council of Governors.		
Recommendation	Members of the Council of Governors are asked to approve the Constitution		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		

Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒	

South Tees Hospitals
NHS Foundation Trust

Update to the Constitution

1. PURPOSE OF REPORT

The purpose of the report is to share with the Council of Governors an update to the Constitution following a review by the Constitution Sub Group of the Council of Governors.

2. BACKGROUND

On an annual basis the Constitution should be reviewed to ensure it is still an accurate and up to date document.

The constitution is one of the most important documents within any foundation trust and all foundation trusts are required to have one. A foundation trust's constitution contains detailed information about how that foundation trust will operate. It sets out, for example, the foundation trust's membership area, gives information on the various membership constituencies, and determines the size and composition of the board of directors and the council of governors. It also prescribes the rules by which any election to the council of governors is to be conducted.

All constitutions must comply with statutory requirements (those set out in legislation, such as the National Health Service Act 2006 and the Health and Social Care Act 2012 and updated 2022) and therefore some of the content is consistent across all foundation trusts..

Any amendments to the constitution require the approval of both the board of directors and the council of governors so it is vital that governors are satisfied that they understand what it is that they are being asked to approve. Any changes that a foundation trust makes to its constitution take effect as soon as the approval process has been completed.

3. DETAILS

At the meeting in common with North Tees & Hartlepool NHS Foundation Trust of the Council of Governors it was agreed that where possible the constitution of both Trusts would be aligned. Work has been ongoing to produce a standard model template constitution for the two Trust whilst updating them to reflect the changes outlined in the Health and Care Act 2022. This work has now been completed.

The following changes have been made to the Constitution:

Page 2	Revisions section – highlighted changes due to the NHS Health and Care Act 2022
Page 3	Introduction section
Page 7	2.3

Page 7	Section 3
Page 10	Section 12.5 and 12.6
Page 13	Section 22
Page 15	Section 28
Page 22	Section 46
Page 27	Annex 3 – 1.1.4 and 1.1.5
Page 75	Section 5

In relation to annex 7 Standing orders, page 85, members should note that the Trust is due to update the Standing Orders as part of the transition work for the Group Hospital Model therefore at this stage they have not been updated.

A meeting of the Constitution Sub Group was held on 12 February 2024. The Group reviewed and agreed the changes highlighted above.

4. RECOMMENDATIONS

The Council of Governors are asked to approve the Constitution as recommended by the Constitution Sub Group.

APPENDICES
Constitution

South Tees Hospitals
NHS Foundation Trust

FOUNDATION TRUST CONSTITUTION

ISSUE DATE	February 2013
DATE REVIEWED	February 2024 in conjunction with North Tees & Hartlepool NHS Foundation Trust
APPROVAL PROCESS	Subject to Board of Director and Council of Governor Agreement
LEAD OFFICER(S)	Chief Executive and Chair

Revisions:

During 2018 - to meet the requirements of the NHS 2012 Health Act amendments

Approved:
Council of Governors on 8 May 2018
Board of Directors on 5 June 2018
Annual Members Meeting on 2 October 2018

June 2019 – to ensure document is gender neutral

March 2020 – to make provisions for meeting to be held using video/telephone/digital technologies

August 2020 – to amend names of the Clinical Commissioning Groups

January 2024 – to meet the requirements of the NHS Health and Care Act 2022; to adhere to the code of governance for NHS provider trusts 2022; to incorporate revised statutory duties: system working and collaboration: role of foundation trust councils of governors

Introduction

South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust approved arrangements to establish a group model to support increased joint working and collaboration between the two organisations and wider system, in line with the powers set out in the Health and Care Act 2022 and with approval from NHS England and North East North Cumbria Integrated Care Board (NENC ICB).

To support the joint working, a joint chair and a joint chief executive have been appointed, however, in line with current legislation both trusts remain as individual statutory organisations with individual constitutions. Therefore, for the purposes of this document references to the chair and chief executive will remain singular and not 'joint' or 'group'.

TABLE OF CONTENTS

[once the content is agreed, the page and paragraph numbers will be corrected throughout the document]

1. Name

The name of the foundation trust is South Tees Hospitals Foundation Trust (the "trust").

2. Principal purpose

2.1 The principal purpose of the trust is the provision of goods and services for the purposes of the health service in England.

2.2 The trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and service for any other purposes.

2.3 The trust may provide goods and services for any purposes related to –

2.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

2.3.2 the delivery of safe, effective care and the effective use of resources; and

2.3.3 the promotion and protection of public health; and

2.3.4 the contribution to the objectives of the integrated care system (ICS); and

2.3.5 the collective responsibility with partners for delivery of high quality and sustainable services across system (ICS) and place based footprints.

2.4 The trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

2.5 The trust is required to comply with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all and sustainable use of NHS resources.

2.6 The trust will also be required to engage consistently and constructively in shared planning and decision making with partners in system, place based partnerships, provider collaboratives and any other relevant forums.

2.7 The trust will consistently take responsibility for delivery of improvements and decisions agreed through system and place based partnerships, provider collaboratives or any other relevant forums.

3. Powers

3.1 The powers of the trust are set out in the 2006 Act, updated in the 2012 Health and Social Care Act and the 2022 Health and Care Act.

3.2 The powers of the trust shall be exercised by the Board of Directors on behalf of the trust.

3.3 The powers of the Board of Directors, may be delegated to a committee of directors or to an executive director.,

4. Membership and constituencies

4.1 The trust shall have members, each of whom shall be a member of one of the following constituencies:

4.1.1 a public constituency; and
4.1.2 a staff constituency; and
4.1.3 a patient and/or carers constituency
4.1.4 a rest of England constituency

5. Application for membership

An individual who is eligible to become a member of the trust may do so on application to the trust.

6. Public constituency

6.1 An individual who lives in an area specified in Annex 1 as an area for a public constituency may become or continue as a member of the trust.

6.2 Those individuals who live in an area specified as an area for any public constituency are referred to collectively as the public constituency.

6.3 The minimum number of members in each area for the public constituency is specified in Annex 1.

6.4 For the avoidance of doubt, individuals who solely fulfil an unpaid voluntary role with the trust shall form part of the public constituency.

7. Patient/Carer Constituency

7.1 A patient/carer constituency eligibility is an individual who has, within the last 10 years, attended any of the trust's hospitals as either a patient or as the carer of a patient. They may become a member of the trust, provided that they live within the trust's public constituency areas.

8. Staff constituency

8.1 An individual who is employed by the trust and / or a subsidiary organisation, under a contract of employment may become or continue as a member of the trust provided:

8.1.1 they are employed by the trust and / or a subsidiary organisation under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or

8.1.2 they have been continuously employed by the trust and / or a subsidiary organisation, under a contract of employment for at least 12 months.

8.2 Individuals, who exercise functions for the purposes of the trust (which for the avoidance of doubt shall not include non-executive directors), otherwise than under a contract of employment with the trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months.

8.3 Those individuals who are eligible for membership of the trust by reason of the previous provisions are referred to collectively as the staff constituency.

8.4 The minimum number of members in the staff constituency is specified in Annex 2.

9 Automatic membership by default – staff

9.1 An individual who is:

9.1.1 eligible to become a member of the staff constituency, and

9.1.2 invited by the trust to become a member of the staff constituency.

9.1.3 shall become a member of the trust as a member of the staff constituency and without an application being made, unless they inform the trust that they do not wish to do so.

10. Restriction on membership

10.1 An individual, who is a member of a constituency, or of a class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class.

10.2 An individual who satisfies the criteria for membership of the staff constituency may not become or continue as a member of any constituency other than the staff constituency.

10.3 Further provisions as to the circumstances in which an individual may not become or continue as a member of the trust are set out in Annex 8 – Further Provisions.

10.4 An individual must be at least 16 years old to become a member of the trust.

11. Council of Governors – composition

11.1 The trust shall have a Council of Governors, which shall comprise both elected and appointed governors.

11.2 The composition of the Council of Governors is specified in Annex 3.

11.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. The number of governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 1 and Annex 3.

12. Council of Governors – election of governors

12.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the model rules for elections, as may be varied from time to time by NHS Providers or its successor body.

12.2 The model rules for elections, as may be varied from time to time by NHS Providers or its successor body, form part of this constitution and those current at the date of the trust's authorisation are attached at Annex 4.

12.3 A subsequent variation of the model rules for election by NHS Providers or its successor shall not constitute a variation of the terms of this constitution.

12.4 An election, if contested, shall be by secret ballot.

12.5 Election of lead governor

12.5.1 The Council of Governors will elect a lead governor from among their number, who shall on any occasion when direct contact with the Regulator is required, facilitate that contact between the governors and the Regulator.

12.5.2 If a lead governor ceases to hold the office for any reason, the company secretary shall send out nominations forms for appointment as lead governor. Each nomination shall be made in writing by the governor seeking appointment and must be returned to the company secretary.

12.5.3 If there are two or more nominations a ballot shall be held. Nominees may not vote.

12.5.4 This appointment shall be made from the public governors.

12.5.5 This appointment shall be for the remaining term of office of the governor elected.

12.5.6 The lead governor may resign from the office at any time by giving written notice to the company secretary, and shall cease to hold the office if they cease to be a governor.

12.5.7 The duties of the lead governor are as defined in the NHS foundation trust code of governance.

12.6 Election of deputy lead governor

12.6.1 The Council of Governors will elect a deputy lead governor from among their number.

12.6.2 Upon a vacancy arising, the company secretary shall send out nominations forms for appointment as deputy lead governor. Each nomination shall be made in writing by the governor seeking appointment and must be returned to the company secretary.

12.6.3 If there are two or more nominations a ballot shall be held. Nominees may not vote.

12.6.4 This appointment shall be made from the public governors.

12.6.5 This appointment shall be for the remaining term of office of the governor elected.

12.6.6 The deputy lead governor may resign from the office at any time by giving written notice to the company secretary, and shall cease to hold the office if they cease to be a governor.

12.6.7 The duties of the deputy lead governor are:

i) The deputy lead governor plays an important role in deputising for the lead governor and to share the lead governor's workload which includes taking ownership of particular work streams and leading on certain areas of work on behalf of the Council of Governors.

ii) The role receives ongoing support from the Chair, Company Secretary and the Corporate Services Officer and has access to training and development and required.

13. Council of Governors – tenure

Subject to the provisions of paragraph 14:

13.1 An elected governor may hold office for a period of up to 3 years.

13.2 An elected governor shall be eligible for re-election at the end of their term and shall serve no more than 3 consecutive terms of office, resulting in a maximum of 9 years tenure.

13.3. An elected governor shall cease to hold office if they cease to be a member of the constituency or class by which they were elected.

13.4 An appointed governor shall cease to hold office if notified by the appointing organisation.

13.5 An appointed governor shall be eligible for re-appointment at the end of their term and shall serve no more than 3 consecutive terms of office, resulting in a maximum of 9 years' tenure.

14. Council of Governors – disqualification and removal

14.1 The following may not become or continue as a member of the Council of Governors:

14.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

14.1.2 a person who has made a composition or arrangement with, or granted a trust deed for, their creditors and has not been discharged in respect of it;

14.1.3 a person who within the preceding 5 years has been convicted in the UK or Europe of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months (without the option of a fine) was imposed on them;

14.1.4 a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

14.2 In addition to those criteria listed above, further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors are set out in Annex 5.

14.3 Governors must be at least 16 years of age at the date they are nominated for election or appointment.

14.4 Where a governor becomes ineligible to continue holding the office of a governor, and thus disqualified, they must notify the company secretary in writing. Upon receipt of this notification the governor's tenure of office will be terminated.

14.5 If it comes to the notice of the company secretary that a governor is disqualified, the governor will be immediately declared disqualified and notified to this effect.

15. Council of Governors – Duties of Governors

15.1 The general duties of the Council of Governors are:

15.1.1 to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors, in the context of the system as a whole in the wider provision of health and social care; and

15.1.2 the Board of Directors decision making process to comply with the triple aim duty; and

15.1.3 to represent the interests of the members of the trust ,the public and the wider health system; and

15.1.4 approving 'significant transactions', mergers, acquisitions, separations or dissolutions.

15.2 The Trust must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.

16. Council of Governors – meetings of governors

16.1 The chair of the trust (that is, the chair of the Board of Directors, appointed in accordance with the provisions of paragraph 25) or, in their absence the vice chair (appointed in accordance with the provisions of paragraph 26 below), shall preside at meetings of the Council of Governors. The Council of Governors should meet at least 4 times per year.

16.2 Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons including

16.2.1 during the consideration of any material or discussion in relation to a named person employed by or proposed to be employed by the trust;

16.2.2 during the consideration of any material or discussion in relation to a named person who is or has been or is likely to become a patient of the trust or a carer in relation to such patient;

16.2.3 during the consideration of any matter which, by reason of its nature, the Council is satisfied should be dealt with on a confidential basis;

16.2.4 those matters which would be deemed to be confidential for the purposes of the Freedom of Information Act 2000.

17. Council of Governors – standing orders

17.1 The standing orders for the practice and procedure of the Council of Governors, as may be varied from time to time, are attached at Annex 6.

18. Council of Governors – Referral to the Panel

18.1 In this paragraph, the Panel means a panel of persons appointed by NHS England to which a Governor of an NHS Foundation Trust may refer a question as to whether the Trust has failed or is failing;

18.1.1 to act in accordance with its constitution, or

18.1.2 to act in accordance with provisions made by or under Chapter 5 of the 2006 Act.

18.2 A governor may refer a question to the Panel only if more than half of the members of the Council of Governors vote to approve the referral.

19. Council of Governors - conflicts of interest of governors

19.1 If a governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as he/she becomes aware of it. The standing orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

20. Council of Governors – travel expenses

20.1 The trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the trust.

21. Council of Governors – further provisions

21.1 Further provisions with respect to the Council of Governors are set out in Annex 5.

22. Board of Directors – composition

22.1 The trust shall have a Board of Directors, which shall comprise both executive and non-executive voting directors.

22.2 The Board of Directors is to comprise:

22.2.1 a non-executive chair

22.2.2 a minimum of 5 other non-executive directors; and

22.2.3 a minimum of 5 executive directors.

22.4 One of the executive directors shall be the chief executive.

22.5 The chief executive shall be the Accounting Officer.

22.6 One of the executive directors shall be the finance director.

22.7 One of the executive directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).

22.8 One of the executive directors is to be a registered nurse or a registered midwife.

23. Board of Directors – General Duty

23.1 The general duty of the Board of Directors and of each Director individually is to act with a view to promoting the success of the trust so as to maximise the benefits for the members of the trust as a whole and for the public.

23.2 The Board of Directors should promote the long-term sustainability of the trust as part of the ICS and wider healthcare system.

24. Board of Directors – qualification for appointment as a non-executive director

24.1 A person may be appointed as a non-executive director only if –

24.2 They are a member of the public constituency of the trust, and

24.3 They meet the fit and proper persons requirements outlined within Regulation 5: Fit and Proper Persons: Directors of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 including all future amendments to the regulation; and

24.4 They are not disqualified by virtue of paragraph 29 below.

25. Board of Directors – appointment and removal of chair and other non-executive directors

25.1 The Council of Governors has the responsibility to appoint or remove the chair and other non-executive directors. The Council of Governors will request that the nominations committee undertakes such activities, and provide a recommendation for the whole of the Council of Governors to consider and agree, this would be undertaken at a general meeting of the Council of Governors.

25.2 Removal of the chair or another non-executive director shall require the approval of three-quarters of the members of the Council of Governors.

253 The appointment of the chair and non-executive directors will be for an initial term of 3 years, further extensions for the chair and non-executive directors will be taken to the nominations committee. Chairs or non-executive directors should not remain in post beyond nine years from the date of their first appointment in line with the code of governance for NHS provider trusts.

25.4 The Council of Governors has the power to appoint associate non-executive directors in a non-voting capacity as deemed necessary to support the work of the Board of Directors. The appointment process will be delegated to the nominations committee.

26. Board of Directors – appointment of vice chair and senior independent director

26.1 The Board of Directors shall recommend to the Council of Governors, at a general meeting of the Council of Governors, that one of the non-executive directors is appointed as a vice chair.

26.2 Any non-executive director so appointed may at any time resign from the office of vice chair by giving notice in writing to the chair.

26.3 Where the chair of the trust has ceased to hold office, or they are unable to perform their duties owing to illness or any other cause, the vice chair shall act as chair until a new chair is appointed or the existing chair has resumed their duties. References to the chair in this constitution shall, so long as there is no chair able to perform the relevant duties, be deemed to include references to the vice chair.

26.4 Following consultation with the Council of Governors the Board of Directors shall inform the Council of Governors, at a general meeting of the Council of Governors, that one of the non-executive directors is appointed as a senior independent director.

26.5 Any non-executive director so appointed may at any time resign from the office of senior independent director by giving notice in writing to the chair.

27. Board of Directors - appointment and removal of the chief executive and other executive directors

27.1 The non-executive directors shall appoint or remove the chief executive. All appointments must satisfy the requirements of Regulation 5: Fit and Proper Persons: Directors of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 including all future amendments to the regulation.

27.2 The appointment of the chief executive shall require the approval of the Council of Governors.

27.3 A committee consisting of the chair, the chief executive and the other non-executive directors shall appoint or remove the other executive directors. All appointments must satisfy the requirements of Regulation 5: Fit and Proper Persons: Directors of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 including all future amendments to the regulation.

28. Board of Directors – appointment and removal of the Company Secretary

28.1 The Board shall appoint or remove the Company Secretary.

29. Board of Directors – disqualification

29.1 The following may not become or continue as a member of the Board of Directors:

29.1.1 A person who has within the preceding 2 years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;

29.1.2 An undischarged bankrupt, or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged;

29.1.3 The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

29.1.4 A person whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40).

29.1.5 A person who has made a composition or arrangement with, or granted a trust deed for, their creditors and has not been discharged in respect of it.

29.1.6 A person who is subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986.

29.1.7 The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.

29.1.8 The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

29.1.9 A person who within the preceding 5 years has been convicted in the United Kingdom and/or the European Union of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months (without the option of a fine) was imposed on them or been convicted elsewhere of any offence which if committed in any of the United Kingdom would constitute an offence.

29.1.10 A person has been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England would be a regulated activity.

29.1.11 A non-executive director who is no longer a member of the public constituency.

29.1.12 A person who is unable or unwilling to sign an annual declaration that they continue to meet the requirements within Regulation 5: Fit and Proper Persons: Directors of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 including all future amendments to the regulation;

29.1.13 A person who has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.

29.2 The trust may suspend or agree leave of absence in the event of any investigation into matters associated with an executive director.

30. Board of Directors – Meetings

30.1 The practice and procedure for meetings of the Board of Directors are attached at Annex 7.

31. Board of Directors – standing orders

31.1 The standing orders for the practice and procedure of the Board of Directors, as may be varied from time to time, are attached at Annex 7.

32. Board of Directors - conflicts of interest of directors

32.1 Each director has a duty to avoid a situation in which the director has or can have a direct or indirect interest that conflicts or possibly may conflict with the interests of the trust. This duty is not infringed if the situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or if the matter has been authorised in accordance with this constitution.

32.2 Each director has a duty not to accept a benefit from a third party by reason of being a director or doing or not doing anything in that capacity. This duty is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

32.3 If a director is aware that they have in any way a direct or indirect interest in a proposed transaction or arrangement with the trust, they shall disclose the nature and extent of that interest to the other directors as soon as they are aware of it and in all cases, before the trust enters into the transaction or arrangement. If any declaration proves to be or becomes inaccurate or incomplete, the director shall make a further declaration.

32.4 A director need not declare an interest:

32.4.1 if it cannot reasonably be regarded as likely to give rise to a conflict of interest;

32.4.2 if, or to the extent that, all the directors are already aware of it;

32.4.3 if, or to the extent that, it concerns terms of the director's appointment that have been or are to be considered;

(a) by a meeting of the Board of Directors; or

(b) by a committee of the directors appointed for that purpose under this constitution.

32.5 The Board of Directors shall adopt standing orders specifying the arrangements for excluding directors from discussion or consideration of the contract or other matter as appropriate.

33. Board of Directors – remuneration and terms of office

33.1 The Council of Governors has the responsibility to review the remuneration and allowances, and the other terms and conditions of office, of the chair and other non-executive directors, but shall delegate this responsibility to the nominations committee, who will report back to the whole of the Council of Governors for final approval at a general meeting of the Council of Governors.

33.2 The trust shall establish a remuneration committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the chief executive and other executive directors.

34. Registers

34.1 The trust shall have:

34.2 a register of members showing, in respect of each member, the constituency to which he belongs and, where there are classes within it, the class to which he belongs;

34.3 a register of members of the Council of Governors;

34.4 a register of interests of governors;

34.5 a register of directors; and

34.6 a register of interests of the directors.

35. Admission to and removal from the Registers

35.1 The Trust's Company Secretary will be responsible for the maintenance of, admission to and removal from the registers under the provisions of this constitution.

35.2 Each director and governor shall advise the Company Secretary as soon as practicable of anything which comes to their attention or which they are aware of which might affect the accuracy of the matters recorded in any of the registers referred to in paragraph 34.

35.3 Members will be removed from the Register of Members if:

35.3.1 the member is no longer eligible or is disqualified; or

35.3.2 the member dies.

36. Registers – inspection and copies

36.1 The trust shall make the registers specified in paragraph 34 available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.

36.2 The trust shall not make any part of its registers available for inspection by members of the public which shows details of:

36.2.1 any member of the trust, if the member so requests.

36.3 So far as the registers are required to be made available:

36.3.1 they are to be available for inspection free of charge at all reasonable times; and

36.3.2 a person who requests a copy or extract from the registers is to be provided with a copy or extract.

36.4 If the person requesting a copy or extract is not a member of the trust, the trust may impose a reasonable charge for doing so.

37. Documents available for public inspection

37.1 The trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:

37.1.1 a copy of the current constitution;

37.1.2 a copy of the latest annual accounts and of any report of the auditor on them;

37.1.3 a copy of the latest annual report;

37.2 The trust shall also make the following documents relating to a special administration of the trust available for inspection by members of the public free of charge at all reasonable times:

37.2.1 a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act;

37.2.2 a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act;

37.2.3 a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act;

37.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act;

37.2.5 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act;

37.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Regulator's decision), 65KB (Secretary of State's response to Regulator's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act;

37.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act;

37.2.8 a copy of any final report published under section 65I (administrator's final report) of the 2006 Act;

37.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act; and

37.2.10 a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

37.3 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

37.4 If the person requesting a copy or extract is not a member of the trust, the trust may impose a reasonable charge for doing so.

38. Auditor

38.1 The trust shall have an auditor.

38.2 The Council of Governors shall appoint or remove the auditor to the trust. The Council of Governors will request that the governor external audit working group undertake this activity, and provide a recommendation to the whole Council of Governors to consider and agree at a general meeting of the Council of Governors.

39. Audit committee

39.1 The trust shall establish a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate.

40. Accounts

40.1 The trust must keep proper accounts and proper records in relation to the accounts.

40.2 The Regulator may with the approval of the Secretary of State give directions to the trust as to the content and form of its accounts.

40.3 The accounts are to be audited by the trust's auditor.

40.4 The trust shall prepare in respect of each financial year annual accounts in such form as the Regulator may with the approval of the secretary of state direct.

40.5 The functions of the trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

40.6 The trust shall:

40.6.1 lay a copy of the annual accounts, and any report of the auditor on them, before Parliament;

40.6.2 send copies of those documents to the Regulator within such period as the Regulator may direct; and

40.6.3 send copies of any accounts prepared pursuant to paragraph 40.4, and any report of an auditor on them to the Regulator within such period as the Regulator may direct.

41. Annual report, forward plans and non NHS work

41.1 The trust shall prepare annual reports and send them to the Regulator and parliament.

41.2 The trust shall give information as to its forward planning in respect of each financial year to the Regulator. The trust's annual forward plan will be aligned with the joint system plan.

41.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the directors who in doing so shall have regard to the views of the Council of Governors.

41.4 The forward planning information must include information about –

41.4.1 the activities other than the provision of goods and services for the purposes of the health service in England that the trust proposes to carry on, and

41.4.2 the income it expects to receive from doing so.

41.5 Where the forward planning information contains a proposal that the trust carry on an activity of a kind mentioned in sub-paragraph 41.4.1 the Council of Governors must –

41.5.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the trust of its principal purpose or the performance of its other functions, and

41.5.2 notify the directors of the trust of its determination.

41.6 Where the trust proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purpose of the health service in England may implement the proposal only if more than half of the members of the Council of Governors of the trust voting approve its implementation.

42. Presentation of the annual accounts and reports to the governors and members

42.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:

42.1.1 the annual accounts;

42.1.2 any report of the auditor on them;

42.1.3 the annual report.

42.2 The documents shall also be presented to the members of the trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance. The trust may combine a meeting of the Council of Governors convened for the purposes of paragraph 42.1 with the Annual Members' Meeting.

42.3 Where an amendment has been made to this constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the trust), at least one governor shall attend the next Annual Members' Meeting to be held, at which the governor shall present the amendment and the members shall be entitled to vote on whether they approve the amendment.

42.4 If more than half the members voting to approve the amendment, the amendment shall continue to have effect; otherwise it shall cease to have effect and the trust shall take such steps as are necessary as a result.

43. Acquisition, Merger, Separation and Dissolution

43.1 The trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

44. Significant Transactions

44.1 South Tees Hospitals NHS Foundation Trust may enter into a significant transaction only if more than half of the members of the Council of Governors voting approve entering in to the transaction. The threshold for a significant transaction differs depending upon whether the transaction relates to UK or non UK healthcare investment or disinvestment.

44.2 There are three types of transactions that may trigger the significant transaction threshold:

44.2.1 investment/disinvestment in income – Where the income attributable to the asset or the contract associated with the transaction is greater than 25% when divided by the income of the trust. (For non-healthcare/international transactions the threshold is reduced by 50% for investments only).

44.2.2 acquisition or disinvestment of assets of the business – Where the gross assets subject to the transaction is greater than 25% when divided by the gross assets of the trust.

44.2.3 investment of a capital nature - Where the gross capital of the company or business being acquired/divested is greater than 25% when divided by the total capital of the trust following completion of the effects on the total capital of the trust resulting from the transaction.

45. Instruments

45.1 The trust shall have a seal.

45.2 The seal shall not be affixed except under the authority of the Board of Directors.

45.3 The seal shall be kept by the company secretary.

45.4 Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two senior managers of the trust duly authorised by the chief executive and not also from the originating department or directorate, and shall be attested by them.

45.5 The chief executive shall keep a register in which they, or another manager of the trust authorised by them, shall enter a record of the sealing of every document.

45.6 A report of all sealing shall be made to the Board of Directors at least quarterly. The report shall contain the description of the document and the date of sealing.

45.7 In land transactions, the signing of certain supporting documents may be delegated to managers as set out clearly in the scheme of delegation. Such delegation shall not include the main or principal documents effecting the transfer (for example, the sale/purchase agreement, lease, contracts for construction works and main warranty agreements) or any document which must be executed as a deed.

46. Interpretation and definitions

46.1 Unless otherwise stated, words or expressions contained in this constitution shall bear the same meaning as in the National Health Service Act 2006 and amended by the Health and Social Care Act 2012 and updated Health and Care Act in 2022

46.2 In the case of a dispute in relation to the interpretation of this constitution, the chair's decision will be final.

the 2006 Act is the National Health Service Act 2006.

the 2012 Act is the Health and Social Care Act 2012.

the 2022 Act is the Health and Care Act 2022.

the Accounting Officer is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.

Board of Directors means the board of directors as constituted in accordance with the terms of this constitution.

Constitution means this constitution and all annexes to it.

Council of Governors means the council of governors as constituted in accordance with the terms of this constitution.

Integrated Care Boards (ICBs) are statutory NHS organisations responsible for planning and commissioning health services for the local population within each ICS geographical area as part of the ICP's integrated care strategy.

Integrated Care Partnership (ICP) is a statutory joint committee between members of the ICS and the ICB which is responsible for the development of an integrated care strategy setting out how the health and care needs of the local population will be met.

Integrated Care System (ICS) is a statutory partnership of organisations, which include the NHS, local authorities, social care, voluntary groups and independent care providers to provide health and care services in a designated geographical area.

Place Based Partnerships are a partnership of organisations which include the NHS, local authorities, social care, voluntary and other groups that design and deliver integrated services for individual geographical 'places' within the ICS such as towns or boroughs.

Provider Collaboratives are a partnership of NHS provider trusts working across a number of places with the shared purpose to plan, deliver and transform local services.

The Regulator is the body corporate known as NHS England, as provided by section 33 of the Health and Care Act 2022 or its successor.

voluntary organisation is a body, other than a public or local authority, the activities of which are not carried on for profit.

47. Amendment to constitution

47.1 The trust may make amendments to this constitution only if:

47.1.1 more than half the members of the Council of Governors voting, approve the amendments.

47.1.2 more than half the members of the Board of Directors voting, approve the amendments.

47.2 Amendments take effect as soon as the conditions in paragraph 47.1 are satisfied, but an amendment shall have no effect in so far as the constitution would, as a result of the amendment, not accord with Schedule 7 of the 2006 Act.

47.3 The trust shall inform the Regulator of amendments to the constitution.

47.4 If an amendment relates to the powers or duties of the Council of Governors (or is otherwise with respect to the role that the Council of Governors has as part of the trust), paragraphs 42.3 and 42.4 the constitution shall apply.

48. Law and guidance

This constitution must be read in conjunction with all relevant law and any relevant guidance issued by the Regulator or the Secretary of State for Health.

49. Indemnity

49.1 Governors and directors who act honestly and in good faith and not recklessly will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Council of Governors or Board of Directors functions. Any such liabilities will be liabilities of the trust.

49.2 The trust may make such arrangements it considers appropriate for the provision of indemnity insurance or similar arrangement for the benefit of the trust, the Council of Governors, the Board of Directors, and the Company Secretary.

ANNEX 1

THE PUBLIC CONSTITUENCY

Area	Name of Constituency	Minimum Number of Members	Number of Governors
Area A	Middlesbrough (defined by local authority boundaries)	5	x
Area B	Redcar and Cleveland (defined by local authority boundaries)	5	x
Area C	Hambleton and Richmondshire (defined by the boundaries of Hambleton District Council and Richmondshire District Council)	5	x
Area D	Rest of England (defined as any area of England other than those in area A, B and C)	1	x
Area E	Patient and/or Carers (defined as any of the public constituencies /Rest of England in areas A, B, C and D a patient and/or Carer of the Trust)	2	x

ANNEX 2

THE STAFF CONSTITUENCY

The Staff Constituency will not be divided into classes.

There will be a minimum of 30 members in the Staff Constituency.

Individuals, who exercise functions for the purpose for the Trust, otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided such individuals have a contract of employment for a period of at least 12 months.

ANNEX 3

COMPOSITION OF COUNCIL OF GOVERNORS

1. Council of Governors structure

1.1 The Council of Governors of the trust shall include:

1.1.1 15 public governors selected by the public constituency;

1.1.2 1 Rest of England public governor elected by the public constituency;

1.1.3 2 patient carer governors elected by the public constituency;

1.1.4 6 staff governors elected by the staff constituency;

1.1.5 11 partnership Governors appointed by stakeholders comprising;

1.1.5.1 3 representatives from regional universities;
1.1.5.2 1 NENC ICB representative
1.1.5.3 3 local authority representatives;
1.1.5.4 1 Healthwatch representative;
1.1.5.5 1 carers organisation;
1.1.5.6 1 strategic organisation;
1.1.5.7 1 voluntary organisation

2. Appointed Governors

2.1 The following organisations ("Partnership Organisations") are specified for the purposes of sub-paragraph 9(7) of Schedule 7 to the 2006 Act and may each appoint one member of the Council of Governors:

3. Partnership organisations

3.1 The organisations which are partnership organisations are the;

3.1.1 University of Newcastle;
3.1.2 University of Durham;
3.1.3 University of Teesside.

3.2 Partnership governors will be appointed pursuant to a process agreed by those organisations and the trust.

4. ICB representative governors

4.1 The following ICB may appoint one representative:

4.1.1 NENC ICB; and

4.2 This governor will be appointed in accordance with a process to be agreed between the trust and the ICB.

5. Local authority governors

5.1 The following local authorities may each appoint one Local Authority governor:

5.1.1 Middlesbrough Council;

5.1.2 Redcar and Cleveland Council; and

5.1.3 North Yorkshire County Council.

6. Healthwatch governors

6.1 The following healthwatch organisation may appoint one Healthwatch governor:

6.1.1 Healthwatch South Tees

7. System Health and Care representatives

7.1 The following health and care system organisation may appoint one governor.

ANNEX 4

THE MODEL RULES FOR ELECTIONS

South Tees Hospitals NHS Foundation Trust (Council of Governors)

Rules for the Conduct of Elections for Public and Staff Governors

PART 8: DISPOSAL OF DOCUMENTS

PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

PART 10: ELECTION EXPENSES AND PUBLICITY

Expenses

Publicity

PART 11: QUESTIONING ELECTIONS AND IRREGULARITIES

PART 12: MISCELLANEOUS

1. Interpretation

1.1 In these rules, unless the context otherwise requires:

"*2006 Act*" means the National Health Service Act 2006;

"*corporation*" means the public benefit corporation subject to this constitution;

"*council of governors*" means the council of governors of the corporation;

"*declaration of identity*" has the meaning set out in rule 21.1;

"*election*" means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

"*e-voting*" means voting using either the internet, telephone or text message;

"*e-voting information*" has the meaning set out in rule 24.2;

"*ID declaration form*" has the meaning set out in Rule 21.1; "internet voting record" has the meaning set out in rule 26.4(d);

"*internet voting system*" means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

"*lead governor*" means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance NHS England December 2013 or any later version of such code.

"deputy lead governor" means the governor nominated by the corporation to deputise for the lead governor and to provide the Trust with a point of contact for the Council of Governors in the event that the lead governor is unbailable for a period of time or has a conflict of interest.

"*list of eligible voters*" means the list referred to in rule 22.1, containing the information in rule 22.2;

"*method of polling*" means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

"*The Regulator*" means the corporate body known as the Regulator or any successor as provided by section 61 of the 2012 Act;

"*numerical voting code*" has the meaning set out in rule 64.2(b)

"*polling website*" has the meaning set out in rule 26.1;

"*postal voting information*" has the meaning set out in rule 24.1;

"*telephone short code"* means a short telephone number used for the purposes of submitting a vote by text message;

"*telephone voting facility*" has the meaning set out in rule 26.2;

"*telephone voting record*" has the meaning set out in rule 26.5 (d);

"*text message voting facility*" has the meaning set out in rule 26.3;

"*text voting record*" has the meaning set out in rule 26.6 (d);

"*the telephone voting system*" means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

"*the text message voting system*" means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

"*voter ID number*" means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

"*voting information*" means postal voting information and/or e-voting information

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

2. Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination forms to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

3. Computation of time

3.1 In computing any period of time for the purposes of the timetable:

(a) a Saturday or Sunday;

(b) Christmas day, Good Friday, or a bank holiday, or

(c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

4. Returning Officer

4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.

4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff

5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

6. Expenditure

6.1 The corporation is to pay the returning officer:

(a) any expenses incurred by that officer in the exercise of his or her functions under these rules,

(b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation

7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

8. Notice of election

8.1 The returning officer is to publish a notice of the election stating:

(a) the constituency, or class within a constituency, for which the election is being held,

(b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(c) the details of any nomination committee that has been established by the corporation,

(d) the address and times at which nomination forms may be obtained;

(e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,

(f) the date and time by which any notice of withdrawal must be received by the returning officer

(g) the contact details of the returning officer

(h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates

9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.

9.2 The returning officer:

(a) is to supply any member of the corporation with a nomination form, and

(b) is to prepare a nomination form for signature at the request of any member of the corporation,

but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.

10. Candidate's particulars

10.1 The nomination form must state the candidate's:

(a) full name,

(b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and

(c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

11.1 The nomination form must state:

(a) any financial interest that the candidate has in the corporation, and

(b) whether the candidate is a member of a political party, and if so, which party,

and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility

12.1 The nomination form must include a declaration made by the candidate:

(a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,

(b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

(a) they wish to stand as a candidate,

(b) their declaration of interests as required under rule 11, is true and correct, and

(c) their declaration of eligibility, as required under rule 12, is true and correct.

13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

14. Decisions as to the validity of nomination

14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:

(a) decides that the candidate is not eligible to stand,

(b) decides that the nomination form is invalid,

(c) receives satisfactory proof that the candidate has died, or

(d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

(a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,

(b) that the paper does not contain the candidate's particulars, as required by rule 10;

(c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,

(d) that the paper does not include a declaration of eligibility as required by rule 12, or

(e) that the paper is not signed and dated by the candidate, if required by rule 13.

14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

15. Publication of statement of candidates

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

(a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and

(b) the declared interests of each candidate standing,

as given in their nomination form.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination forms

16.1 The corporation is to make the statement of the candidates and the nomination forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

17. Withdrawal of candidates

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:

(a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and

(b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

19. Poll to be taken by ballot

19.1 The votes at the poll must be given by secret ballot.

19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.

19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.

19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:

(a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;

(b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;

(c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.

20. The ballot paper

20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

20.2 Every ballot paper must specify:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,

(f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and

(g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public and patient constituencies)

21.1 The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:

(a) that the voter is the person:

(i) to whom the ballot paper was addressed, and/or

(ii) to whom the voter ID number contained within the e-voting information was allocated,

(b) that he or she has not marked or returned any other voting information in the election, and

(c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,

("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an

electronic method.

21.2 The voter must be required to return his or her declaration of identity with his or her ballot.

21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

Action to be taken before the poll

22. List of eligible voters

22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

22.2 The list is to include, for each member:

(a) a postal address; and,

(b) the member's e-mail address, if this has been provided

to which his or her voting information may, subject to rule 22.3, be sent.

22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

23. Notice of poll

23.1 The returning officer is to publish a notice of the poll stating:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,

(d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,

(f) the methods of polling by which votes may be cast at the election by voters

in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,

(g) the address for return of the ballot papers,

(h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;

(i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,

(j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,

(k) the date and time of the close of the poll,

(l) the address and final dates for applications for replacement voting information, and

(m) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:

(a) a ballot paper and ballot paper envelope,

(b) the ID declaration form (if required),

(c) information about each candidate standing for election, pursuant to rule 61 of these rules, and

(d) a covering envelope;

("postal voting information").

24.2 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

(a) instructions on how to vote and how to make a declaration of identity (if required),

(b) the voter's voter ID number,

(c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate,

(d) contact details of the returning officer,

("e-voting information").

24.3 The corporation may determine that any member of the corporation shall:

(a) only be sent postal voting information; or

(b) only be sent e-voting information; or

(c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope

25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

25.2 The covering envelope is to have:

(a) the address for return of the ballot paper printed on it, and

(b) pre-paid postage for return to that address.

25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –

(a) the completed ID declaration form if required, and

(b) the ballot paper envelope, with the ballot paper sealed inside it.

26. E-voting systems

26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").

26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as "the text message voting facility").

26.4 The returning officer shall ensure that the polling website and internet voting system provided will:

(a) require a voter to:

(i) enter his or her voter ID number; and

(ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast his or her vote;

(b) specify:

(i) the name of the corporation,

(ii) the constituency, or class within a constituency, for which the election is being held,

(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(v) instructions on how to vote and how to make a declaration of identity,

(vi) the date and time of the close of the poll, and

(vii) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(iii) the candidate or candidates for whom the voter has voted; and

(iv) the date and time of the voter's vote,

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and

(f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

(a) require a voter to

(i) enter his or her voter ID number in order to be able to cast his or her vote; and

(ii) where the election is for a public or patient constituency, make a declaration of identity;

(b) specify:

(i) the name of the corporation,

(ii) the constituency, or class within a constituency, for which the election is being held,

(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(iv) instructions on how to vote and how to make a declaration of identity,

(v) the date and time of the close of the poll, and

(vi) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(iii) the candidate or candidates for whom the voter has voted; and

(iv) the date and time of the voter's vote

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(f) prevent any voter from voting after the close of poll.

26.6 The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:

(a) require a voter to:

(i) provide his or her voter ID number; and

(ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast his or her vote;

(b) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(ii) the candidate or candidates for whom the voter has voted; and

(iii) the date and time of the voter's vote

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(f) prevent any voter from voting after the close of poll.

The poll

27. Eligibility to vote

27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

28. Voting by persons who require assistance

28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

29. Spoilt ballot papers and spoilt text message votes

29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.

29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.

29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:

(a) is satisfied as to the voter's identity; and

(b) has ensured that the completed ID declaration form, if required, has not been

returned.

29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers"):

(a) the name of the voter, and

(b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and

(c) the details of the unique identifier of the replacement ballot paper.

29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a "spoilt text message vote"), that voter may apply to the returning officer for a replacement voter ID number.

29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.

29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter's identity.

29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list ("the list of spoilt text message votes"):

(a) the name of the voter, and

(b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and

(c) the details of the replacement voter ID number issued to the voter.

30. Lost voting information

30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.

30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:

(a) is satisfied as to the voter's identity,

(b) has no reason to doubt that the voter did not receive the original voting information,

(c) has ensured that no declaration of identity, if required, has been returned.

30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):

(a) the name of the voter

(b) the details of the unique identifier of the replacement ballot paper, if applicable, and

(c) the voter ID number of the voter.

31. Issue of replacement voting information

31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.

31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):

(a) the name of the voter,

(b) the unique identifier of any replacement ballot paper issued under this rule;

(c) the voter ID number of the voter.

32. ID declaration form for replacement ballot papers (public and patient constituencies)

32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

Polling by internet, telephone or text

33. Procedure for remote voting by internet

33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.

33.2 When prompted to do so, the voter will need to enter his or her voter ID number.

33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.

33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.

33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.

34. Voting procedure for remote voting by telephone

34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.

34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.

34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.

34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.

34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.

35. Voting procedure for remote voting by text message

35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.

35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.

35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

Procedure for receipt of envelopes, internet votes, telephone votes and text message votes

36. Receipt of voting documents

36.1 Where the returning officer receives:

(a) a covering envelope, or

(b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:

(a) the candidate for whom a voter has voted, or

(b) the unique identifier on a ballot paper.

36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

37. Validity of votes

37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.

37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) put the ID declaration form if required in a separate packet, and

(b) put the ballot paper aside for counting after the close of the poll.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) mark the ballot paper “disqualified”,

(b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,

(c) record the unique identifier on the ballot paper in a list of disqualified documents (the “list of disqualified documents”); and

(d) place the document or documents in a separate packet.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.

37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.

37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",

(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents; and

(c) place the document or documents in a separate packet.

38. Declaration of identity but no ballot paper (public and patient constituency)[1]

38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:

(a) mark the ID declaration form "disqualified",

(b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and

(c) place the ID declaration form in a separate packet.

39. De-duplication of votes

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

(a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and

(b) mark as "disqualified" all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

(a) mark the ballot paper "disqualified",

(b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,

(c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;

(d) place the document or documents in a separate packet; and

(e) disregard the ballot paper when counting the votes in accordance with these rules.

[1] It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,

(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;

(c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and

(d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

(a) the disqualified documents, together with the list of disqualified documents inside it,

(b) the ID declaration forms, if required,

(c) the list of spoilt ballot papers and the list of spoilt text message votes,

(d) the list of lost ballot documents,

(e) the list of eligible voters, and

(f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

41. Interpretation of Part 6

41.1 In Part 6 of these rules:

"*ballot document*" means a ballot paper, internet voting record, telephone voting record or text voting record.

"*continuing candidate*" means any candidate not deemed to be elected, and not excluded,

"*count*" means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

"*deemed to be elected*" means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

"*mark*" means a figure, an identifiable written word, or a mark such as "X",

"*non-transferable vote*" means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate,

or

(b) which is excluded by the returning officer under rule 49,

"*preference*" as used in the following contexts has the meaning assigned below:

(a) "first preference" means the figure "1" or any mark or word which clearly indicates a first (or only) preference,

(b) "next available preference" means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a "second preference" is shown by the figure "2" or any mark or word which clearly indicates a second preference, and a third preference by the figure "3" or any mark or word which clearly indicates a third preference, and so on,

"*quota*" means the number calculated in accordance with rule 46,

"*surplus*" means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination

of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

"*stage of the count*" means:

(a) the determination of the first preference vote of each candidate,
(b) the transfer of a surplus of a candidate deemed to be elected, or
(c) the exclusion of one or more candidates at any given time,

"*transferable vote*" means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

"*transferred vote*" means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

"*transfer value*" means the value of a transferred vote calculated in accordance with rules 47.4 or 47.7.

42. Arrangements for counting of the votes

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

(a) the board of directors and the council of governors of the corporation have approved:
  (i) the use of such software for the purpose of counting votes in the relevant election, and
  (ii) a policy governing the use of such software, and
(b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

43. The count

43.1 The returning officer is to:

(a) count and record the number of:
  (iii) ballot papers that have been returned; and
  (iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and
(b) count the votes according to the provisions in this Part of the rules and/or the

provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

44. Rejected ballot papers and rejected text voting records

44.1 Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

44.2 The returning officer is to endorse the word "rejected" on any ballot paper which under this rule is not to be counted.

44.3 Any text voting record:

(a) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,

(b) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

44.4 The returning officer is to endorse the word "rejected" on any text voting record which under this rule is not to be counted.

44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule 44.1 and the number of text voting records rejected by him or her under each of the sub-paragraphs (a) to (c) of rule 44.3.

45. First stage

45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.

45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.

45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

46. The quota

46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.

46.2 The result, increased by one, of the division under rule 46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as "the quota").

46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules 47.1 to 47.3 has been complied with.

47. Transfer of votes

47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:

(a) according to next available preference given on those ballot documents for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule 47.1.

47.3 The returning officer is, in accordance with this rule and rule 48, to transfer each sub-parcel of ballot documents referred to in rule 47.1(a) to the candidate for whom the next available preference is given on those ballot documents.

47.4 The vote on each ballot document transferred under rule 47.3 shall be at a value ("the transfer value") which:

(a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and

(b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

(a) according to the next available preference given on those ballot documents for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

47.6 The returning officer is, in accordance with this rule and rule 48, to transfer each sub-parcel of ballot documents referred to in rule 47.5(a) to the candidate for whom the next available preference is given on those ballot documents.

47.7 The vote on each ballot document transferred under rule 47.6 shall be at:

(a) a transfer value calculated as set out in rule 47.4(b), or

(b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

47.8 Each transfer of a surplus constitutes a stage in the count.

47.9 Subject to rule 47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:

(a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or

(b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

47.11 This rule does not apply at an election where there is only one vacancy.

48. Supplementary provisions on transfer

48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

(a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and

(b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

48.2 The returning officer shall, on each transfer of transferable ballot documents under rule 47:

(a) record the total value of the votes transferred to each candidate,

(b) add that value to the previous total of votes recorded for each candidate and record the new total,

(c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and

(d) compare:

(i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

48.3 All ballot documents transferred under rule 47 or 49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

48.4 Where a ballot document is so marked that it is unclear to the returning officer at

any stage of the count under rule 47 or 49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

49. Exclusion of candidates

49.1 If:

(a) all transferable ballot documents which under the provisions of rule 47 (including that rule as applied by rule 49.11) and this rule are required to be transferred, have been transferred, and

(b) subject to rule 50, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule 49.12 applies, the candidates with the then lowest votes).

49.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule 49.1 into two sub-parcels so that they are grouped as:

(a) ballot documents on which a next available preference is given, and

(b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).

49.3 The returning officer shall, in accordance with this rule and rule 48, transfer each sub-parcel of ballot documents referred to in rule 49.2 to the candidate for whom the next available preference is given on those ballot documents.

49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

49.5 If, subject to rule 50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule 49.1 into sub- parcels according to their transfer value.

49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).

49.7 The vote on each transferable ballot document transferred under rule 49.6 shall be at the value at which that vote was received by the candidate excluded under rule 49.1.

49.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.

49.9 After the returning officer has completed the transfer of the ballot documents in the sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule 49.1.

49.10 The returning officer shall after each stage of the count completed under this rule:

(a) record:

(i) the total value of votes, or

(ii) the total transfer value of votes transferred to each candidate,

(b) add that total to the previous total of votes recorded for each candidate and record the new total,

(c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and

(d) compare:

(i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules 47.5 to 47.10 and rule 48.

49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

(a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and

(b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

50. Filling of last vacancies

50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

51. Order of election of candidates

51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule 47.10.

51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

52. Declaration of result for contested elections

52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,

(b) give notice of the name of each candidate who he or she has declared elected –

(i) where the election is held under a proposed constitution pursuant to powers conferred on the South Tees Hospitals NHS Foundation Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or

(ii) in any other case, to the chairman of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

52.2 The returning officer is to make:

(a) the number of first preference votes for each candidate whether elected or not,

(b) any transfer of votes,

(c) the total number of votes for each candidate at each stage of the count at which such transfer took place,

(d) the order in which the successful candidates were elected, and

(e) the number of rejected ballot papers under each of the headings in rule 44.1,

(f) the number of rejected text voting records under each of the headings in rule 44.3,

available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

(a) declare the candidate or candidates remaining validly nominated to be elected,

(b) give notice of the name of each candidate who he or she has declared elected to the chairman of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

PART 8: DISPOSAL OF DOCUMENTS

54. Sealing up of documents relating to the poll

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

(a) the counted ballot papers, internet voting records, telephone voting records and text voting records,

(b) the ballot papers and text voting records endorsed with "rejected in part",

(c) the rejected ballot papers and text voting records, and

(d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

(a) the disqualified documents, with the list of disqualified documents inside it,

(b) the list of spoilt ballot papers and the list of spoilt text message votes,

(c) the list of lost ballot documents, and

(d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

(a) its contents,

(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

55. Delivery of documents

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the

corporation.

56. Forwarding of documents received after close of the poll

56.1 Where:

(a) any voting documents are received by the returning officer after the close of the poll, or

(b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or

(c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the chairman of the corporation.

57. Retention and public inspection of documents

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

58.1 The corporation may not allow:

(a) the inspection of, or the opening of any sealed packet containing –

(i) any rejected ballot papers, including ballot papers rejected in part,

(ii) any rejected text voting records, including text voting records rejected in part,

(iii) any disqualified documents, or the list of disqualified documents,

(iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or

(v) the list of eligible voters, or

(b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of

storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

(a) persons,

(b) time,

(c) place and mode of inspection,

(d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

(a) in giving its consent, and

(b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

(i) that his or her vote was given, and

(ii) that the Regulator has declared that the vote was invalid.

59. Countermand or abandonment of poll on death of candidate

59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

(a) publish a notice stating that the candidate has died, and

(b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –

(i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and

(ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

Election expenses

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to the Regulator under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

(a) personal expenses,

(b) travelling expenses, and expenses incurred while living away from home, and

(c) expenses for stationery, postage, telephone, internet(or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

(a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or

(b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

Publicity

63. Publicity about election by the corporation

63.1 The corporation may:

(a) compile and distribute such information about the candidates, and

(b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be:

(a) objective, balanced and fair,

(b) equivalent in size and content for all candidates,

(c) compiled and distributed in consultation with all of the candidates standing for election, and

(d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

(a) a statement submitted by the candidate of no more than 250 words,

(b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility ("numerical voting code"), and

(c) a photograph of the candidate.

65. Meaning of "for the purposes of an election"

65.1 In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

66. Application to question an election

66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to the Regulator for the purpose of seeking a referral to the independent election arbitration panel (IEAP).

66.2 An application may only be made once the outcome of the election has been declared by the returning officer.

66.3 An application may only be made to the Regulator by:

(a) a person who voted at the election or who claimed to have had the right to vote, or

(b) a candidate, or a person claiming to have had a right to be elected at the election.

66.4 The application must:

(a) describe the alleged breach of the rules or electoral irregularity, and

(b) be in such a form as the independent panel may require.

66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. The Regulator will refer the application to the independent election arbitration panel appointed by The Regulator.

66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

66.7 The Regulator shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.

66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.

66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

67. Secrecy

67.1 The following persons:

(a) the returning officer,

(b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

(i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,

(ii) the unique identifier on any ballot paper,

(iii) the voter ID number allocated to any voter,

(iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

(a) a member of the corporation,

(b) an employee of the corporation,

(c) a director of the corporation, or

(d) employed by or on behalf of a person who has been nominated for election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

(a) the delivery of the documents in rule 24, or

(b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

ANNEX 5

ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS

1 A person may not vote at an election for a public governor unless within the specified period they have made a declaration in the specified form stating the particulars of their qualification to vote as a member of the constituency for which an election is being held. It is an offence to knowingly or recklessly to make such a declaration which is false in a material particular.

2. Partnership governors (including all organisations in the wider health and care system), as the case may be, shall cease to hold office where the relevant appointing organisation notifies the company secretary of the withdrawal of their appointment of them.

3. Subject to paragraph 3A below and in addition to those criteria listed in paragraph 12.1 of the constitution a person may not become or continue as a governor of the trust if:

3.1 They have within the preceding 2 years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body.

3.2 They are a person whose tenure of office as the chair or as a member or director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest.

3.3 They are or have been an executive or non-executive director of the trust, or a non-executive director, chair or chief executive or executive director of another NHS organisation.

3.4 They have been removed from membership of a professional body or from a list of registered medical, dental, nursing or other health care practitioners as a result of disciplinary action or any conclusion that the continued inclusion of that person's name on any such list or membership of any such professional body would be prejudicial to the efficiency of the services to which the professional body or list relates and has not subsequently been re-instated to membership or such a list.

3.5 They are incapable by reason of mental disorder, illness or injury of managing and administering their property and affairs.

3.6 The Council of Governors reasonably considers that they are unfit to discharge the functions of a governor.

3.7 They have been disqualified from membership of their profession by the professional or regulatory body.

3.8 They bring the trust into disrepute or their actions are detrimental to the interests of the trust.

3.9 They have had their name placed on the registers of Schedule 1 offenders pursuant to the Sex Offenders Act 1977 and/or the Children's and Young Person's Act 1993.

3.10 They fail to confirm acceptance of the Council of Governors code of conduct, and/or a breach of the code of conduct.

3.11 They are a member of parliament.

3A. Further to paragraph 3, a person may not become or continue as a public governor if they are a governor in another NHS organisation.

3B. Where a person has been elected or appointed to be a governor and they become disqualified for appointment under paragraph 12.1 of the constitution and/or paragraph 3 or 3A above they shall notify the company secretary in writing of such disqualification.

3C. If it comes to the notice of the trust at the time of their appointment or later that the governor is so disqualified, the trust shall immediately declare that the person in question is disqualified and notify them in writing to that effect.

3D. Upon receipt of any such notification, that person's tenure of office, if any, shall be terminated and they shall cease to act as a governor.

3E. The nominations committee on behalf of the Council of Governors will decide whether a governors position should be terminated in the event of any of the above actions occurring or a breach of the Council of Governors code of conduct has occurred. The sub-committee shall subsequently call a general meeting of the Council of Governors to approve their decision for the removal of a governor.

3F A staff governor who is suspended from staff duties for any reason will also be suspended from their role as a governor for the duration of their suspension. Whilst a staff governor is under investigation, they cannot attend meetings of the Council of Governors in any capacity, but missing any meetings of the Council of Governors will not count as failure to attend for the purpose of 4.2 below.

4. Termination of Tenure

4.1 A governor may resign from office at any time during the term of that office by giving notice in writing to the company secretary.

4.2 If a governor fails to attend for 3 consecutive meetings of the Council of the Governors their tenure of office is to be immediately terminated unless the other governors are satisfied that:

4.2.1 the absence was due to a reasonable cause; and

4.2.2 they will be able to start attending meetings of the Council of Governors again within such a period as they consider reasonable.

4.3 In the event that the governor failed to attend further meetings they may be terminated after consideration by the nominations committee.

5. Managing Vacancies

5.1 The validity of any act of the trust is not affected by any vacancy among the governors or by any defect in the appointment of any governor.

5.2 In the event that the trust has Governor vacancies remaining following an election process, a further election will take place.

6. Roles and responsibilities of Council of Governors at a general meeting

6.1 In addition to those powers contained elsewhere in this constitution the roles and responsibilities of the governors at a general meeting are:

6.2 To approve the remuneration and allowances, and the other terms and conditions of office, of the non-executive directors.

6.3 To appoint or remove the trust's auditor.

6.4 To both consider and be presented with the annual accounts, any report of the auditor on them, and the annual report at the annual general meeting of the trust.

6.5 To give the views of the Council of Governors to the directors for the purposes of the preparation (by the directors) of the document containing information as to the trust's forward planning in respect of each financial year to be given to the Regulator.

6.6 To respond as appropriate when consulted by the directors in accordance with this constitution.

6.7 Such other duties as may be agreed with the directors from time to time.

6.8 A governor elected to the Council of Governors by the public constituency or the staff constituency may not vote at a meeting of the Council of Governors unless, within one month of election or by the date of the next Council of Governors Meeting after their election (whichever is the sooner) they have made a declaration in the form found at Annex 4 that they are a member of the public constituency, or the staff constituency and are not prevented from being a member of the Council of Governors by paragraph 8 of Schedule 7 to the 2006 Act or is otherwise prevented under this constitution.

6.9 Committees and Sub-Committees

6.9.1 the Council of Governors may appoint committees consisting of its members to assist it in carrying out its functions. A committee appointed under this paragraph may appoint a sub-committee.

6.9.2 these committees or sub-committees may, where appropriate and reasonable, call upon outside advisers to help them in their tasks

6.10 Code of conduct

The Council of Governors shall at all times comply with the provisions of the trust's Council of Governors code of conduct as varied by the Board of Directors from time to time.

ANNEX 6

STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

1. Meetings of the Council of Governors

1.1 Admission of the public and the press - The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Council of Governors but shall be required to withdraw upon the Council of Governors resolving as follows:

"That representatives of the press and other members of the public be excluded from the remainder of this meeting because the confidential nature of the business to be transacted is such that publicity would be prejudicial to the public interest".

1.2 The chair (or vice chair) shall give such directions as they think fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Council of Governors' business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Council of Governors resolving as follows:

"That in the interests of public order the public withdraw from the meeting for (the period to be specified) to enable the Council of Governors to complete business without the presence of the public".

1.3 Nothing in these standing orders shall require the Council of Governors to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Council of Governors.

1.4 Calling meetings - ordinary meetings of the Council of Governors shall be held at such times and places as determined by the trust. Meetings may be held virtually by means of digital technology.

1.5 The chair may call a meeting of the Council of Governors at any time. If the chair refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of governors, has been presented to them, or if, without so refusing, the chair does not call a meeting within 7 days after such requisition has been presented to them, at the trust's headquarters, such one third or more governors may forthwith call a meeting.

1.6 Notice of meetings - Before each meeting of the Council of Governors, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the chair or by an officer of the trust authorised by the chair to sign on their behalf shall be delivered to every governor, or sent by post to the usual place of residence of such governor, so as to be available to them at least 6 days before the meeting.

1.7 Lack of service of the notice on any governor shall not affect the validity of a meeting.

1.8 In the case of a meeting called by governors in default of the chair, the notice shall be signed by those governors and no business shall be transacted at the meeting other than that specified in the notice.

1.9 Failure to serve such a notice on more than 3 governors will invalidate the meeting. A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post, and by electronic means.

1.10 Setting the agenda - The Council of Governors may determine that certain matters shall appear on every agenda for a meeting of the Council of Governors and shall be addressed prior to any other business being conducted. Such matters may be identified within these standing orders or following subsequent resolution shall be listed in an appendix to the standing orders.

1.11 A governor desiring a matter to be included on an agenda shall make their request in writing to the chair at least 14 days before the meeting, subject to standing order 1.8. Requests made less than 8 days before a meeting may be included on the agenda at the discretion of the chair, and if agreed would be taken under any other business.

1.12 Chair of meeting - At any meeting of the trust, the chair, if present, shall preside. If the chair is absent from the meeting the vice chair, if there is one and they are present, shall preside. If the chair and vice chair are absent, the senior independent director or the lead governor shall preside.

1.13 If the chair is absent from a meeting temporarily on the grounds of a declared conflict of interest the vice chair, if present, shall preside. If the chair andvice chair are absent, or are disqualified from participating, the senior independent director or the lead governor shall preside.

1.14 Notices of motion - A governor of the trust desiring to move or amend a motion shall send a written notice there of at least 10 days before the meeting to the chair, who shall insert in the agenda for the meeting all notices so received subject to the notice being in compliance with these standing orders. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda subject to standing order 1.8.

1.15 Withdrawal of motion or amendments - A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the chair.

1.16 Motion to rescind a resolution - Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall bear the signature of the governors who gives it and also the signature of 3 other governors. When any such motion has been disposed of by the trust, it shall not be competent for any governor other than the chair to propose a motion to the same effect within 3 months; however the chair may do so if he considers it appropriate.

1.18 Motions - The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment there to.

1.19 When a motion is under discussion or immediately prior to discussion it shall be open to a governor to move:

- an amendment to the motion;
- the adjournment of the discussion or the meeting;
- that the meeting proceed to the next business;
- the appointment of an ad hoc committee to deal with a specific item of business;
- that the motion be now put.

No amendment to the motion shall be admitted if, in the opinion of the chair of the meeting, the amendment negates the substance of the motion.

1.20 Chair's ruling - Statements of governors made at meetings of the trust shall be relevant to the matter under discussion at the material time and the decision of the chair of the meeting on questions of order, relevance, regularity and any other matters shall be observed at the meeting.

1.21 Voting - Save where all public governors present are unanimous in opposing a motion, every question at a meeting shall be determined by a majority of the votes of the governors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote. In the event that a motion is opposed by all public governors present, that motion shall not be passed.

1.22 All questions put to the vote shall, at the discretion of the chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the governors present so request, and the chair agrees such a request.

1.23 If at least one-third of the governors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each governor present voted or abstained.

1.24 If a governor so requests, their vote shall be recorded by name upon any vote (other than by paper ballot).

1.25 In no circumstances may an absent governor vote by proxy. Absence is defined as being absent at the time of the vote.

1.26 Minutes - The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where, if approved at the meeting, they will be signed by the person presiding at it.

1.27 No discussion shall take place upon the minutes except upon their accuracy or where the chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the meeting subsequent to the meeting to which the minutes relate.

1.28 Where providing a record of a public meeting the minutes shall be made available to the public (required by the code of practice on openness in the NHS).

1.29 Suspension of standing orders - Except where this would contravene any statutory provision any one or more of the standing orders may be suspended at any meeting, provided that at least two-thirds of the Council of Governors are present, including one staff governor and one public governor, and that a majority of those present vote in favour of suspension.

1.30 A decision to suspend standing orders shall be recorded in the minutes of the meeting.

1.31 A separate record of matters discussed during the suspension of standing orders shall be made and shall be available to the governors.

1.32 No formal business may be transacted while standing orders are suspended.

1.33 The audit committee shall review every decision to suspend standing orders.

1.34 Variation and amendment of standing orders - These standing orders shall be amended only if:

- a notice of motion under standing order 1.15 has been given;
- no fewer than half the total of the trust's public governors vote in favour of amendment;
- at least two-thirds of the governors are present; and
- the variation proposed does not contravene a statutory provision.

1.35 Record of attendance - The names of the governors present at the meeting shall be recorded in the minutes.

1.36 Quorum - No business shall be transacted at a meeting of the Council of Governors unless at least one-third of the whole number of the governors are present, including at least 4 public governors.

1.37 If a governor has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see standing order 4.5) they shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

1.38 The Council of Governors will receive, discuss and approve any proposed amendments to the constitution presented to them at a general meeting of the Council of Governors.

2. Committees

2.1 Appointment of committees - The Council of Governors may appoint committees of the Council of Governors, consisting wholly or partly of governors.

2.2 A committee appointed under standing order 2.1 may appoint sub-committees consisting wholly or partly of members of the committee (whether or not they include governors).

2.3 These standing orders, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees or sub-committees established by the Council of Governors.

2.4 Each such committee or sub-committee shall have such terms of reference and powers in relation to the business of the Council of Governors, and be subject to such conditions (as to reporting back to the Council of Governors), as the Council of Governors shall decide. Such terms of reference shall have effect as if incorporated into the standing orders.

2.5 Committees may not delegate their executive powers to a sub-committee unless expressly authorised by the Council of Governors.

2.6 Confidentiality - A member of a committee shall not disclose a matter dealt with by, or brought before, the committee without its permission until the committee shall have reported to the Council of Governors or shall otherwise have concluded on that matter.

2.7 A governor or a member of a committee shall not disclose any matter reported to the Council of Governors or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Council of Governors or committee shall resolve that it is confidential.

3. Declarations of interests and register of interests

3.1 Declaration of interests - The trust's constitution requires governors to declare interests which are relevant and material to the Council of Governors of which they are a member. All governors should declare such interests, and are required to review these each year.

3.2 Interests which should be regarded as "relevant and material" are:

3.2.1 directorships, including non-executive directorships held in public or private limited companies (with the exception of those of dormant companies);

3.2.2 ownership or part-ownership of public or private limited companies, businesses, majority or controlling share holdings in organisations or consultancies likely or possibly seeking to do business with the NHS;

3.2.3 a position of authority in a charity or voluntary organisation in the field of health and social care;

3.2.4 any connection with a voluntary or other organisation contracting for NHS services.

3.2.5 any family connections with any of the above or any other NHS, voluntary, public or private body which provides services to the trust.

3.4 If governors have any doubt about the relevance of an interest, this should be discussed with the chair.

3.5 At the time governors' interests are declared, they should be recorded in the Council of Governors minutes of the relevant meeting. Any changes in interests should be declared at the next Council of Governors' meeting following the change occurring.

3.6 Governors' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Council of Governors' annual report. The information should be kept up to date for inclusion in succeeding annual reports.

3.7 During the course of a Council of Governors' meeting, if a conflict of interest is established, the governor concerned should withdraw from the meeting and play no part in the relevant discussion or decision.

3.8 For the purposes of this standing order 3 there is no requirement for the interests of governors' spouses or partners to be declared. Note that standing order 4 which is based on the Health Authorities (Membership and Procedure) Regulations 1996 requires that the interest of governors' spouses, if living together, in contracts should be declared.

3.9 Register of interests - The chief executive will ensure that a register of interests is established to record formally declarations of interests of governors. In particular the register will include details of all directorships and other relevant and material interests which have been declared by governors, as defined in standing order 3.2.

3.10 These details will be kept up to date by means of an annual review of the register in which any changes to interests declared during the preceding 12 months will be incorporated.

3.11 The register will be available to the public and the chief executive will take reasonable steps to bring the existence of the register to the attention of the local population and to publicise arrangements for viewing it. To view the register, contact should be made to the company secretary.

4 Role and Responsibilities of the Council of Governors

4.1 The Council of Governors shall:

4.1.1 hold the non-executive directors individually and collectively to account for the performance of the Board of Directors; and

4.1.2 represent the interests of the members of the trust as a whole and the interests of the public.

4.2 The roles and responsibilities of the governors are at a general meeting or otherwise to:

4.2.1 give the views of the Council of Governors to the directors for the purposes of the preparation (by the directors) of the document containing information as to the trust's forward planning in respect of each financial year to be given to the Regulator;

4.2.2 require one or more directors to attend a meeting of the Council of Governors for the purpose of obtaining information about the trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the trust's or directors' performance); and/or

4.2.3 respond as appropriate when consulted by the directors.

4.3 The governors also have the specific role and function of:

4.3.1 providing views to the Board of Directors on the strategic direction of the trust;

4.3.2 developing membership; and

4.3.3 representing the interests of the members.

4.4 If the Regulator has appointed a panel for advising governors, a governor may refer a question to that panel as to whether the trust has failed or is failing to act in accordance with this constitution or Chapter 5 of the 2006 Act. A governor may only refer a question under this paragraph if more than half of the members of the Council of Governors voting approve the referral.

4.5 The trust will take steps to ensure that governors are equipped with the skills and knowledge they require in their capacity as governors of this trust.

5. Dispute Resolution

5.1 The chair, or vice chair (if the dispute involves the chair) of the Board and the Council of Governors, shall first endeavour through discussion with members of the Council of Governors and directors or, to achieve the earliest possible conclusion, appropriate representatives of them to resolve the matter to the reasonable satisfaction of both parties.

5.2 Failing resolution under 5.1 above then the Board and the Council of Governors, shall, at its next formal meeting, approve the precise wording of a Disputes Statement setting out clearly and concisely the issue or issues giving rise to the dispute.

5.3 The chair, or vice chair (if the dispute involves the chair) of the Board and the Council of Governors, shall ensure that the Disputes Statement, without amendment or abbreviation in any way, shall be an Agenda Item and Agenda Paper at the next formal meeting of the Board or Council of Governors as appropriate. That meeting shall agree the precise wording of a Response to Disputes Statement.

5.4 The chair, or vice chair (if the dispute involves the chair) of the Board and the Council of Governors, shall immediately or as soon as is practicable, communicate the outcome to the other party and deliver the Response to Disputes Statement. If the matter remains unresolved or only partially resolved then the procedure outlined in 5.1 above shall be repeated.

5.5 If, in the opinion of the chair, or vice chair (if the dispute involves the chair) and the Board or the Council of Governors, and following the further discussion prescribed in 5.4, there is no further prospect of a full resolution or, if at any stage in the whole process, in the opinion of the chair or vice chair, as the case may be, there is no prospect of a resolution (partial or otherwise) then they shall advise the Council of Governors and the Board accordingly.

5.6 On the satisfactory completion of this disputes process the Board shall implement agreed changes.

5.7 On the unsatisfactory completion of this disputes process the view of the Board shall prevail.

5.8 Nothing in this procedure shall prevent the Council of Governors, if it so desires, from informing the Independent Regulator of NHS Foundation Trusts that, in the Council of Governors' opinion, the Board has not responded constructively to concerns of the Council of Governors that the Trust is not meeting the Terms of its Authorisation.

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ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

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1. INTRODUCTION

The principal place of business of the trust is The James Cook University Hospital, Marton Road, Middlesbrough.

NHS Foundation Trusts are governed by a Regulatory Framework that confers the functions of the Trust and comprises: Acts of Parliament and in particular the National Health Service Act 2006 ('the 2006 Act'); their constitutions; and the terms of their authorisation granted by the Independent Regulator of NHS Foundation Trusts ('the Independent Regulator').

The Regulatory Framework requires the Board of Directors to adopt Standing Orders for the practice and procedure of the Board of Directors. The Board of Directors will conduct its business in as open a way as possible and will:

a) Observe the Nolan principles of Public Life of selflessness, integrity, objectivity, accountability, openness, honesty andleadership;
b) At all times seek to comply with the NHS Foundation Trust Code of Governance; and
c) At all times seek to comply with the Combined Code on Corporate Governance 2003. Everything done by the Trust should be able to stand the test of scrutiny, public judgment on propriety, and professional codes of conduct.

These Standing Orders (SOs) are for the regulation of the Board of Directors' proceedings and business.

2. INTERPRETATION

2.1 Save as permitted by law, at any meeting the Chairman of the Trust shall be the final authority on the interpretation of Standing Orders on which he/she should be advised by the Company Secretary, Chief Executive and Director of Finance.

2.2 Any expression to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts shall have the same meaning in this interpretation and inaddition:

a) **ACCOUNTABLE OFFICER** shall be the officer responsible and accountable for funds entrusted to the Trust. He shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

b) **BOARD** means the Board of Directors, formally constituted in accordance with this Constitution and consisting of a Chairman, and Non-executive Directors, appointed by the Council of Governors and the Executive Directors, appointed by the Non-executive Directors and (except for his/her own appointment) by the Chief Executive.

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c) **BUDGET** shall mean a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

d) **CHAIRMAN** is the person appointed by the Council of Governors as a Non-Executive Chairman to lead the Board of Directors and Council of Governors to ensure it successfully discharges its overall responsibility for the Trust as a whole.

e) **CHIEF EXECUTIVE** shall mean the accountable officer of the Trust.

f) **COMMITTEE OF THE COUNCIL** means a committee formed by the Council of Governors with specific Terms of Reference, chair and membership.

g) **COMMITTEE OF THE BOARD** means a committee formed by the Board with specific Terms of Reference, Chair and Membership.

h) **COUNCIL** means the Council of Governors, formally constituted in accordance with this Constitution meeting in public and presided over by the Chairman.

i) **COUNCIL MEMBER** means a person elected or appointed to the Council of Governors.

j) **DIRECTOR** means a person appointed to the Board of Directors

k) **DEPUTY CHAIRMAN** means the Non-Executive Director appointed by the Council of Governors to take on the Chairman's duties if the Chairman is absent for any reason.

l) **DIRECTOR OF FINANCE** shall mean the Chief Finance Officer of the Trust who will ensure compliance with Standing Financial Instructions.

m) **FUNDS HELD ON TRUST** shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Schedule 3 and 4 para 14.1c National Health Service Act 2006. Such funds may or may not be charitable.

n) **MEMBER** means a person registered as a member of one of the constituencies of the Trust as outlined in this Constitution.

o) **MONITOR or TRUST REGULATOR** is the body corporate known as Monitor, referred to in Section 61 of the 2012 Act which operates with National Health Service Trust Development Authority as NHSE/I.

p) **MOTION"** means a formal proposition to be discussed and voted on during the course of a meeting.

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q) **NOMINATED OFFICER** means an officer charged with the responsibility for discharging specific tasks within Standing Orders in line with the 2006 Act.

r) **NON-EXECUTIVE DIRECTOR** is a person appointed by the Council of Governors to be a member of the Board of Directors. Initially Non executives of the applicant NHS Trust will become Non-executives of the Foundation Trust, unless they choose not do so. This includes the chairman of the Trust.

s) **OFFICER** means an employee of the Trust

t) **SOs** means Standing Orders

u) **SFIs** means Standing Financial Instructions

v) **TRUST** means South Tees Hospitals NHS Foundation Trust.

w) **COMPANY SECRETARY** this role will act as independent advice to the Board and monitor the Trust's compliance with its terms of authorisation and constitution.

3. THE BOARD OF DIRECTORS – ITS COMPOSITION, APPOINTMENTS AND INDEMNITY ARRANGEMENTS

3.1 All business shall be conducted in the name of the Trust.

3.2 All funds received in Trust shall be in the name of the Trust as corporate trustee. In relation to funds held on Trust, powers exercised by the Trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.

3.3 All the powers of the Trust shall be exercised by the Board of Directors on its behalf.

3.4 The Board of Directors has resolved that certain powers and decisions may only be exercised or made by the Board. These powers and decisions are set out in "Reservation of Powers to the Board" and have effect as if incorporated into the Standing Orders. The Board of Directors must adopt Standing Financial Instructions (SFIs) as an integral part of Standing Orders setting out the responsibilities of individuals.

3.5 Composition of the Board of Directors

The composition of the Board of Directors will be:

- The Chairman of the Trust (Non-Executive Director as required by Schedule 7 of the NHS Act 2006)
- Within the range of 5-8 other Non-Executive Directors

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- Within the range of 5-8 Executive Directors including:
- One of the executive Directors shall be the Chief Executive.
- The Chief Executive shall be the Accounting Officer.
- One of the executive Directors shall be the Finance Director.
- One of the executive Directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).
- One of the executive Directors is to be a registered nurse or registered midwife.
- The Company Secretary to the Board of Directors will be in attendance at all Board meetings.

3.6 Terms of Office of the Chairman and Members of the Board

3.6.1 Guidance relating to the period of tenure of office of the Chairman and Non-executive Directors and the termination or suspension of office of the Chairman and Directors is contained in the Foundation Trust Code of Governance.

3.6.2 Non-Executive Directors including the Chairman will be appointed by the Council of Governors for a period of 3 years and subject to re-appointment thereafter at intervals of 3 years. Any term beyond six years for a Non-executive Director will be subject to rigorous review by the Council of Governors. Non-Executive Directors may serve more than nine years subject to an annual re-appointment.

3.7 Appointment of the Chairman and Non-executive Directors

The Chairman and Non-executive Directors are to be appointed/removed by the Council of Governors in accordance with the constitution.

3.8 Appointment of Deputy Chairman

The Council of Governors at a general meeting of the Council of Governors shall appoint one of the Non-executive Directors as a Deputy Chairman.

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3.9 Any Non-executive Director so elected may at any time resign from the office of Deputy Chairman by giving notice in writing to the Chairman. The Council of Governors may thereupon appoint another Non-executive Director as Deputy Chairman in accordance with the Constitution.

3.10 Powers of Deputy Chairman

Where the Chairman of the Trust has died or has otherwise ceased to hold office or where he/she has been unable to perform his/her duties as Chairman owing to illness, absence or any other cause, references to the Chairman in the Standing Orders shall, so long as there is no Chairman able to perform his/her duties, be taken to include the Deputy Chairman.

3.11 **Senior Independent Director** – The Chairman shall, following consultation with the Council of Governors appoint one of the Non- executive Directors as a "Senior Independent Director".

3.12 In accordance with the Constitution the Non-executive Directors shall appoint the Chief Executive (which appointment shall be approved by the Council of Governors) and a committee consisting of the Chairman, Chief Executive and the other non-executive directors shall appoint or remove the other Executive Directors.

3.13 The Board shall nominate a Company Secretary, who, under the direction of the Chairman and Chief Executive, shall ensure good information flows within the Board and Council of Governors and their Committees, between Directors and members of the Council of Governors, and between senior management and the Board. The Company Secretary shall also advise the Board and Council of Governors on all governance matters and shall facilitate induction and professional development as required. The appointment and removal of the Company Secretary will be carried out jointly with the Chief Executive and Chairman.

3.14 A Director of the Trust, who has acted honestly and in good faith will not have to meet out his or her own personal resources any personal civil liability which is incurred in the execution or purported execution of his or her functions as a Director save where the Director has acted recklessly. On behalf of the Directors and as part of the Trust's overall insurance arrangements the Board of Directors shall put in place appropriate insurance provision to cover such indemnity and the discretion of the Trust.

3.15 Non-executive Directors may, at the Trust's expense, seek external advice or appoint an external adviser on any material matter of concern provided the decision to do so is a collective one by the majority of Non- executive Directors. Approval of any such expenses will be done in conjunction with the allocated budget and financial procedure.

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3.16 Disqualification and removal of Directors:

Over and above the legal minimum, a person may not become or continue as a Director if they:

- Are a Governor of the Trust;
- Are the subject of a disqualification order made under the Company Directors Disqualification Act 1986
- Have had their name removed by a direction under S.46 of the 1977 Act from any list prepared under Part II of that Act, and have not subsequently had their name included in such a list;
- Are no longer a member of one of the public constituencies (Non-Executive Directors only)
- Have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body.
- Have had a tenure of office as a Chairman or as a member or director of a health service body terminated on the grounds that their appointment is not in the interests of the health service, for non attendance at meetings or for non-disclosure of a pecuniary interest;
- Have refused without reasonable cause to fulfill any training requirement established by the Board of Directors;
- Have refused to sign and deliver a statement in the prescribed format confirming acceptance of a Code of Conduct for Directors.

4. MEETINGS OF THE BOARD OF DIRECTORS

4.1 Admission of the Public and the Press

Meetings of the Board of Directors shall be open to members of the public or representatives of the press. Members of the public may be excluded from a meeting (whether for the whole or part of such meeting) for special reasons as determined by the Chairman in conjunction with the Board of Directors, which may include, but are not limited to, the following reasons:

- Publicity would be prejudicial to the public interest by reasons of the confidential nature of the business to be transacted; or
- There are special reasons stated in the resolution and arising from the nature of the business of the proceedings.

The Chairman may exclude any member of the public from the meeting of the Board of Directors if they are interfering with, or preventing the reasonable conduct of the meeting.

4.2 Confidentiality

Directors and Officers and any employee of the Trust in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Board of Directors meeting, without the express permission of the Board of Directors. This

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prohibition shall apply equally to the content of any discussion during the Board of Directors' meeting which may take place on such reports or papers.

4.3 **Calling Meetings** - Ordinary meetings of the Board of Directors shall be held at such times and places as the Board of Directors may determine.

4.4 The Chairman of the Trust may call a meeting of the Board of Directors at any time. If the Chairman refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of Directors, has been presented to him/her, or if, without so refusing, the Chairman does not call a meeting within seven days after such requisition has been presented to him/her at the Trust's Headquarters, such one third or more Directors may forthwith call a meeting.

4.5 **Notice of Meetings** - Before each meeting of the Board of Directors, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chairman or by an officer authorised by the Chairman to sign on his/her behalf shall be delivered to every Director, or sent by post to the usual place of residence of such Director, so as to be available to him/her at least five clear days before the meeting.

4.6 Want of service of the notice on any Director shall not affect the validity of a meeting.

4.7 In the case of a meeting called by Directors in default of the Chairman, the notice shall be signed by those Directors and no business shall be transacted at the meeting other than that specified in the notice or emergency motions allowed under these Standing Orders. Failure to serve such a notice on more than three Directors will invalidate the meeting. A notice shall be presumed to have been served one day after posting.

4.8 Agendas will wherever possible be sent to Directors at least five clear days before the meeting and supporting papers, whenever possible.

4.9 The Company Secretary will ensure that a notice of a meeting of the Board of Directors is publicised to the public and papers made available on the Trust's website.

4.10 **Setting the Agenda**

The Board of Directors may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted.

4.11 A Director desiring a matter to be included on an agenda shall make his/her request in writing to the Chairman at least 10 clear days before the meeting. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chairman.

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4.12 **Chairman of Meeting** - At any meeting of the Board of Directors, the Chairman of the Board of Directors, if present, shall preside. If the Chairman is absent from the meeting the Deputy-Chairman, if there is one and he/she is present, shall preside. If the Chairman and Deputy- Chairman are absent such Director (who is not also an officer of the Trust) as the Directors present shall choose shall preside.

4.13 If the Chairman is absent temporarily on the grounds of a declared conflict of interest the Deputy-Chairman, if present, shall preside. If the Chairman and Deputy-Chairman are absent, or are disqualified from participating, such non-executive director as the Directors present shall choose shall preside. If any matter for consideration at a meeting of the Board of Directors relates to the interests of the Chairman, the Chairman shall not preside over the meeting during which the matter is under discussion.

If any matter for consideration at a meeting of the Board of Directors relates to the interests of the Non-executive Director, the Non-Executive Directors shall not preside over the meeting during which the matter is under discussion.

4.14 The Directors (excluding the Chairman and the other non-executive Directors) shall elect one of their numbers to preside during that period and that person shall exercise all the rights and obligations of the Chairman including the right to exercise a second or casting vote where the number of votes for and against a motion is equal.

4.15 **Annual Members Meeting**

The Trust will publicise and hold an Annual Members Meeting that is open to members of the public and representatives of the press.

4.16 **Notices of Motion** - A Director desiring to move or amend a motion shall send a written notice thereof at least 10 clear days before the meeting to the Chairman, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda, subject to Standing Order 4.6.

4.17 **Withdrawal of Motion or Amendments** - A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chairman.

4.18 **Motion to Rescind a Resolution** - Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall bear the signature of the Director who gives it and also the signature of 4 other Directors. When any such motion has been disposed of by the Board of Directors, it shall not be competent for any Director other than the

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Chairman to propose a motion to the same effect within 6 months; however the Chairman may do so if he/she considers it appropriate.

4.19 **Motions** - The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

4.20 When a motion is under discussion or immediately prior to discussion it shall be open to a Director to move:

4.21 An amendment to the motion.
4.22 The adjournment of the discussion or the meeting.
4.23 That the meeting proceed to the next business. (*)
4.24 The appointment of an ad hoc committee to deal with a specific item of business.
4.25 That the motion be now put. (*)
4.26 A motion resolving to exclude the public (including the press).

* In the case of sub-paragraphs denoted by (*) above to ensure objectivity motions may only be put by a Director who has not previously taken part in the debate and who is eligible to vote. No amendment to the motion shall be admitted if, in the opinion of the Chairman of the meeting, the amendment negates the substance of the motion.

4.21 **Chairman's Ruling** - Statements of Directors made at meetings of the Board of Directors shall be relevant to the matter under discussion at the material time and the decision of the Chairman of the meeting on questions of order, relevancy, regularity and any other matters shall be final. In this interpretation he/she shall be advised by the Company Secretary on standing orders and the case of Standing Financial instructions by the Director of Finance.

4.22 **Voting** - Every question put to a vote at a meeting shall be determined by a majority of the votes of the Directors present and voting on the question and, in the case of the number of votes for and against a motion being equal, the Chairman of the meeting shall have a second or casting vote.

4.23 All questions put to the vote shall, at the discretion of the Chairman of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Directors present so request.

4.24 If at least one-third of the Directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Director present voted or abstained.

4.25 If a Director so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).

4.26 In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.

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4.27 An officer who has been appointed formally by the Board of Directors to act up for an executive director during a period of incapacity or temporarily to fill an executive director vacancy, shall be entitled to exercise the voting rights of the executive director. An officer attending the Board of Directors to represent an executive director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the executive director. An officer's status when attending a meeting shall be recorded in the minutes.

4.28 **Minutes** - The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.

4.29 No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

4.30 Minutes shall be circulated in accordance with Directors' wishes. Where providing a record of a public meeting the minutes shall be made available to the public.

4.31 **Joint Directors** - Where the office of a Director is shared jointly by more than one person:

a) either or both or any of those persons may attend or take part in meetings of the Board of Directors:
b) if both/any are present at a meeting they should cast one vote if they agree:
c) in the case of disagreements no vote should be cast;
d) the presence of either/any or both/any of those persons should count as the presence of one person for the purposes of Standing Order 4.40 (Quorum).

4.32 **Suspension of Standing Orders** - Except where this would contravene any provision of the constitution or any direction made by the Independent Regulator of NHS Foundation Trusts, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two- thirds of the Directors are present, including one executive director and one non-executive director, and that a majority of those present vote in favour of suspension.

4.33 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

4.34 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Directors.

4.35 No formal business may be transacted while Standing Orders are suspended.

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4.36 The Audit Committee shall review every decision to suspend Standing Orders.

4.37 **Variation and Amendment of Standing Orders** - These Standing Orders shall be amended only if:

4.37.1 a notice of motion under Standing Order 4.17 has been given; and
4.37.2 no fewer than half the total of the Trust's non-executive directors vote in favour of amendment; and
4.37.3 at least two-thirds of the Directors are present; and
4.37.4 the variation proposed does not contravene a statutory provision or a direction made by the Regulator of NHS Foundation Trusts and
4.37.5 the amendment is approved by the Independent Regulator of NHS Foundation Trusts.

4.38 **Record of Attendance** - The names of the Directors present at the meeting shall be recorded in the minutes.

4.39 **Quorum** - No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the whole number of the Directors appointed, (including at least one non-executive director and one executive director) are present.

4.40 An officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

If a Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest they shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

The above requirement for at least one executive director to form part of the quorum shall not apply where the executive Directors are excluded from a meeting (for example when the Board of Directors considers the recommendations of the Remuneration and Terms of Service Committee). The above requirement for at least one non-executive Director to form part of the quorum shall not apply where the Non- Executive Directors are excluded from a meeting.

4.41 **Adjournment of Meetings -** The Board of Directors may, by resolution, adjourn any meeting to some other specified date, place and time and such adjourned meeting shall be deemed a continuation of the original meeting. No business shall be transacted at any adjourned meeting which was not included in the agenda of the meeting of which it is an adjournment.

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4.42 When any meeting is adjourned to another day, other than the following day, notice of the adjourned meeting shall be sent to each Director specifying the business to be transacted.

4.43 **Observers at Board of Directors meetings -** The Board of Directors will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Board of Directors meetings and may change, alter or vary these terms and conditions as it deemsfit.

5. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BYDELEGATION

5.1 The Board may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee, appointed by virtue of SO 5.1 or 5.2 below or by a Director of the Trust in each case subject to such restrictions and conditions as the Board thinks fit.

5.2 **Emergency Powers** – The powers which the Board has retained to itself within these Standing Orders may in emergency be exercised jointly by the Chief Executive and the Chairman after having consulted at least two other Non-executive Directors. The exercise of such powers by the Chief Executive and the Chairman shall be reported to the next formal meeting of the Board for ratification.

5.3 **Delegation to Committees** – The Board shall agree from time to time to the delegation of executive powers to be exercised by committees or sub-committees of Executive Directors, which it has formally constituted. The constitution and terms of reference of these committees, or sub-committees, and their specific executive powers shall be approved by the Board and in accordance with Schedule 7 of theAct.

The Board shall agree and regularly review the setting up of committees to assist and advise the Board in fully discharging its duties as a healthcare organisation.

5.4 **Delegation to Officers** – Those functions of the Trust which have not been retained as reserved to the Board or delegated to an executive committee may be exercised on behalf of the Board by the Chief Executive. The Chief Executive shall determine which functions he/she will perform personally and shall nominate Executive Directors only to undertake the remaining functions for which they will still retain accountability to the Board.

5.5 The Chief Executive shall prepare a Scheme of Decisions Reserved to the Board and Schedule of Decision/Duties Delegated by the Board, identifying their proposals which shall be considered and approved by the Board, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of

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Delegation which shall be considered and approved by the Board as indicated above.

5.6 Nothing in the Schedule of Decision/Duties Delegated by the Board shall impair the discharge of the direct accountability to the Board of the Director of Finance or other Director to provide information and advise the Board in accordance with any statutoryrequirements.

5.7 If for any reason these Standing Orders are not complied with, full details of the non compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification. All members of the Board and officers have a duty to disclose any non compliance with these Standing Orders to the Chief Executive as soon aspossible.

6. COMMITTEES

6.1 **Formation of Committees** – The Board may form committees of the Trust, consisting wholly or partly of members of the Board of Directors or wholly of persons who are not members of the Board ofDirectors.

6.2 Where the Board delegates a function or power to a committee this committee shall be formed of Directors solely and may not establish sub committees, in accordance with Schedule 7 of theAct.

6.3 Where the Board agrees to the setting up of committees consisting of other persons, this committee may not be delegated a function or any power of the Board of Directors but will advise the Board to assist in the Board effectively discharging its duties. Sub Committees of any such committees may beagreed.

6.4 The Standing Orders of the Trust, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees or sub-committee formed by theTrust.

6.5 Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide. Such terms of reference shall have effect as if incorporated into the StandingOrders.

6.6 The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines that persons, who are neither Non-executive Directors nor Directors, shall be appointed to a committee, the terms of such appointment shall be defined by the Board and the terms of reference of that committee. Those appointed would not constitute formal members of the committee and preside in an attendance capacityonly.

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6.7 Where the Trust is required to appoint persons to a committee and/or to undertake statutory functions and where such appointments are to operate independently of the Trust such appointment shall be made in accordance with the regulations and directions laid down by the Board of Directors.

6.9 All committees and sub committees of the Board of Directors will be subject to an annual review to ensure best practice and fitness for purpose in conducting and governing the Trusts business.

6.10 Confidentiality

A member of the Board of Directors or a member of a committee shall not disclose any matter reported to the Board or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Board or committee shall resolve that it is confidential or embargoed.

7 DECLARATIONS OF INTERESTS AND REGISTER OFINTERESTS

7.1 **Declaration of Interests** If a director has a pecuniary, personal or family interest, whether the interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Board of Directors, the director shall disclose that interest to the members of the Board of Directors as soon as he becomes aware of it.

7.2 Interests which may be declared may include but are not exclusive to:

a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);
b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;
c) Shareholdings in organisations likely or possibly seeking to do business with the NHS.
d) A position of Trust in a charity or voluntary organisation in the field of health and social care;
e) Any connection with a voluntary or other organisation contracting for NHS services;
f) Any other commercial interest in the decision the committee or Board meeting may be considering

7.3 If Board members have any doubt about the relevance of an interest, this should be discussed with the Chairman.

7.4 At the time Board members' interests are declared, they should be recorded in the Board minutes. Any changes in interests should be declared at the next Board meeting following the change occurring.

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7.5 Board members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Board's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

7.6 During the course of a Board meeting, if a conflict of interest is established, the Board member concerned should withdraw from the meeting and play no part in the relevant discussion (unless the Board decides otherwise) or decision.

7.7 The interests of Board members' spouses or cohabiting partners should be declared.

7.8 If Board members have any doubt about the relevance of an interest, this should be discussed with the Chairman. Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

7.9 Register of Interests

In accordance with paragraph 34 of the Constitution, the Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Board members. In particular the Register will include details of all directorships and other relevant and material interests which have been declared by both Director and Non-executive Directors, as defined in Standing Order 7.2.

7.10 These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

7.11 The Register will be available for inspection by members of the public.

8 DISABILITY OF CHAIRMANMAN AND DIRECTORS IN PROCEEDINGS ON ACCOUNT OF PECUNIARY INTEREST

8.1 Subject to the following provisions of this Standing Order, if the Chairman or any member of the Board of Directors has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board of Directors at which the contract or other matter is the subject of consideration, he/she shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter, without the Chairman of the meeting's agreement, or vote on any question with respect to it.

8.2 The Board of Directors shall exclude the Chairman or a Director from a meeting of the Board of Directors while any contract, proposed contract or

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other matters in which he/she has a pecuniary interest, is under consideration.

8.3 Any remuneration, compensation or allowances payable to a member by virtue of paragraph 11 of Schedules 3 and 4 to the National Health Service Act 2006 shall not be treated as a pecuniary interest for the purpose of this Standing Order.

8.4 For the purpose of this Standing Order the Chairman or a Director shall be treated, subject to SO 7.1 and SO 8.5, as indirectly having a pecuniary interest in a contract, proposed contract or other matter, if:

a) he/she, or a nominee of him/her, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matters under consideration; or

b) he/she is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration; and in the case of persons living together, the interest of one person shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

8.5 The Chairman or a member shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only because:

a) of their membership of a company or other body, if he/she has no beneficial interest in any securities of that company or other body;

b) of an interest in any company, body or person with which he/she is connected as mentioned in SO 8.4 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a member in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

8.6 Where the Chairman or a Director:

a) has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and

b) the total nominal value of those securities does not exceed one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and

c) if the share capital is of more than one class, the total nominal value of shares of any one class in which he/she has a beneficial interest does not exceed one hundredth of the total issued share capital of that class, this Standing Order shall not prohibit him/her from taking part in

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the consideration or discussion of the contract or other matter from voting on any question with respect to it without prejudice however to his/her duty to disclose his/her interest.

8.7 Standing Order 8 applies to a committee or sub-committee of the Board of Directors as it applies to the Board of Directors and applies to any member of any such committee or subcommittee (whether or not they are also a member of the Board of Directors) as it applies to a member of the Board of Directors).

9 STANDARDS OF BUSINESS CONDUCT

9.1 Policy

Staff must comply with the Trust's detailed Standards of Business Conduct and Capability policy documents.

9.2 Interests of Officers in Contracts

If it comes to the knowledge of a Director of the Trust that a contract is which he/she has any pecuniary interest not being a contract to which he/she is himself/herself a party, has been, or is proposed to be, entered into by the Trust he/she shall, at once, give notice in writing to the Chief Executive of the fact that he/she is interested therein.

9.3 An officer must also declare to the Chief Executive any other employment or business or other relationship of him/her, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust. The Trust requires interests, employment or relationships so declared by staff to be entered in a register of interests of staff.

9.4 Canvassing of, and recommendations by, Members in relation to Appointments

Canvassing of members of the Board of Directors or members of any committee of the Board of Directors directly or indirectly for any appointment by the Trust shall disqualify the candidate from such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

9.5 A member of the Board of Directors shall not solicit for any person any appointment by the Board of Directors or recommend any person for such appointment, but this paragraph of this Standing Order shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Board of Directors.

9.6 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

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9.7 Relatives of Members of the Board ofDirectors

Candidates for any staff appointment shall when making application disclose in writing whether they are related to any member of the Board or the holder of any office within the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him/her liable to instant dismissal.

9.8. The Chairman, and every Director of the Trust shall disclose to the Chief Executive any relationship with a candidate of whose candidature that the Chairman, members or Director is aware. It shall be the duty of the Chief Executive or nominated Director to report to the Board of Directors any such disclosure made.

9.9 On appointment, the Chairman and members of the Board (and prior to acceptance of an appointment in the case of Directors) should disclose to the Board of Directors whether they are related to any other member or holder of any office under the Trust.

9.10 Where the relationship of a Director or another member of the Board or another member of the Trust is disclosed, the Standing Order headed (SO 8) shall apply (Disability of Directors in proceedings on account of pecuniary interest).

10 RESOLUTION OF DISPUTES WITH THE COUNCIL OFGOVERNORS

10.1 The Council of Governors has three main roles:

a) Advisory – Communicating to the Board the wishes of members of the Council of Governors and the wider community
b) Guardianship – Ensuring that the Trust is operating in accordance its Terms of Authorisation. In this regard it acts in a trustee role for the welfare of the organisation.
c) Strategic – Advising on a longer term direction to help the Board effectively determine its policies.

10.2 The Board of Directors has overall responsibility for running the affairs of the Trust. Its role is to:

a) Note advice from, and consider the views of the Council of Governors
b) Set the strategic direction and leadership of the Trust
c) Ensure the Terms of Authorisation are complied with
d) Set organisational and operational targets
e) Assess, manage and minimise risk
f) Assess achievement against the above objectives
g) Ensure that action is taken to eliminate or minimise, as appropriate, adverse deviations from objectives
h) Ensure that the highest standards of Corporate Governance are applied throughout the organisation

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10.3 The disputes resolution procedure recognises the different roles of the Council of Governors and the Board as described above.

10.4 The Chairman, or Deputy Chairman (if the dispute involves the Chairman) of the Board and the Council of Governors, shall first endeavour through discussion with members of the Council of Governors and Directors or, to achieve the earliest possible conclusion, appropriate representatives of them to resolve the matter to the reasonable satisfaction of both parties.

10.5 Failing resolution under 10.4 above then the Board and the Council of Governors, shall, at its next formal meeting, approve the precise wording of a Disputes Statement setting out clearly and concisely the issue or issues giving rise to the dispute.

10.6 The Chairman, or Deputy Chairman (if the dispute involves the Chairman) of the Board and the Council of Governors, shall ensure that the Disputes Statement, without amendment or abbreviation in any way, shall be an Agenda Item and Agenda Paper at the next formal meeting of the Board or Council of Governors as appropriate. That meeting shall agree the precise wording of a Response to Disputes Statement.

10.7 The Chairman, or Deputy Chairman (if the dispute involves the Chairman) of the Board and the Council of Governors, shall immediately or as soon as is practicable, communicate the outcome to the other party and deliver the Response to Disputes Statement. If the matter remains unresolved or only partially resolved then the procedure outlined in 10.4 above shall be repeated.

10.8 If, in the opinion of the Chairman, or Deputy Chairman (if the dispute involves the Chairman) and the Board or the Council of Governors, and following the further discussion prescribed in 10.7, there is no further prospect of a full resolution or, if at any stage in the whole process, in the opinion of the Chairman or Deputy Chairman, as the case may be, there is no prospect of a resolution (partial or otherwise) then they shall advise the Council of Governors and the Board accordingly.

10.9 On the satisfactory completion of this disputes process the Board shall implement agreed changes.

10.10 On the unsatisfactory completion of this disputes process the view of the Board shall prevail.

10.11 Nothing in this procedure shall prevent the Council of Governors, if it so desires, from informing the Independent Regulator of NHS Foundation Trusts that, in the Council of Governors' opinion, the Board has not responded constructively to concerns of the Council of Governors that the Trust is not meeting the Terms of its Authorisation.

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11 NOTIFICATION TO INDEPENDENT REGULATOR OF FOUNDATION TRUSTS AND COUNCIL OF GOVERNORS

The Board shall notify the Independent Regulator of Foundation Trusts and the Council of Governors of any major changes in the circumstances of the Trust which have made or could lead to a substantial change to its financial wellbeing, healthcare delivery performance, or reputation and standing or which might otherwise affect the Trust's compliance with the terms of Authorisation. The need to notify the independent regulator and Governors will also apply in situations where amendments are proposed to the Constitution or its annexes.

12 BOARD PERFORMANCE

The Chairman, with the assistance of the Company Secretary, shall lead, at least annually, a performance assessment process for the Board. This process should act as the basis for determining individual and collective professional development programmes for Directors.

13 TENDERING AND CONTRACT PROCEDURE

The procedure set out in the Trusts Standing Financial Instructions should be adhered to in conjunction with the implementation of these Standing Orders for all tendering and contract procedures.

14 CUSTODY OF SEAL AND SEALING OF DOCUMENTS

14.1 Custody of Seal

The Common Seal of the Trust shall be kept by the Chief Executive or nominated person in a secure place.

14.2 Sealing of Documents

The Seal of the Trust shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Board or of a committee thereof or where the Board has delegated its powers.

14.3 Before any building, engineering, property or capital document is sealed it must be approved and signed by any two as delegated by the Board – Chairman, Chief Executive, Director of Finance or Chief Operating Officer (or a nominated officer who shall not be from within the originating directorate).

14.4 The form of the attestation of documents shall be "The Common Seal of the South Tees Hospitals NHS Foundation Trust was hereto affixed in the presence of ……".

14.5 Register of Sealing

An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who

shall have approved and authorised the document and attested the seal. A report of all sealing shall be made to the next Board of Directors meeting. (The report shall contain details of the seal number, the description of the document and date of sealing).

15 SIGNATURE OF DOCUMENTS

15.1 Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.

15.2 The Chief Executive or nominated officers shall be authorised by resolution of the Board, to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board or committee or sub-committee to which the Board has delegated appropriate authority.

16 DISSEMINATION OF STANDING ORDERS

The Chief Executive is responsible for ensuring all existing Directors and officers, and all new appointees are notified of, an understand their responsibility within the Standing Orders.

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ANNEX 8

FURTHER PROVISIONS

1. **Disqualification for membership**

1.1 A person may not be a member of the trust if they:

1.1.1 are under the age of 16 years;

1.1.2 have been convicted of any offence of violence against or dishonesty in relation to a member of the trust's staff or the trust itself or;

1.1.3 if the Council of Governors reasonably considers that they:

1.1.3.1 are unable or unfit to discharge the functions of a member;

1.1.3.2 may bring the trust into disrepute; and

1.1.3.3 has habitually and persistently and without reasonable grounds instituted complaints against the trust and is classified as a vexatious complainant under the terms of the trust policy.

and the Council of Governors so resolves at a general meeting. No person who has been prevented or expelled from membership under this paragraph 1.1.3 shall be readmitted except by a resolution carried by the votes of two-thirds of the Council of Governors present and voting at a general meeting.

1.1.4 It is the responsibility of the members to ensure their eligibility and not the trust, but if the trust is on notice that a member may be disqualified from membership, they shall carry out all reasonable enquiries to establish if this is the case. Members must be proactive and notify the trust immediately upon becoming aware of any issues concerning their or any member's eligibility.

2. **Termination of membership**

2.1 A member shall cease to be a member if they:

2.1.1 resign by notice to the company secretary;

2.1.2 fulfil any of the criteria set out at 1.1 above.

3. **Board of Directors' termination of tenure and disqualification**

3.1 A non-executive director may resign from that office at any time during their term of office by giving notice to the company secretary.

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3.2 A director shall cease to be a director if:

3.2.1 in the case of a non-executive director, they are no longer a member of the public constituency;

3.2.2 they are a person whose tenure of office as a chair or as a member of or director of a health service body has been terminated on the grounds that their appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;

3.2.3 they have been removed from membership of a professional body or from a list of registered medical, dental, nursing or other health care practitioners as a result of disciplinary action or any conclusion that the continued inclusion of that person's name on any such list or membership of any such professional body would be prejudicial to the efficiency of the services to which the professional body or list relates and has not subsequently been re-instated to membership or such a list;

3.2.4 they have within the preceding 2 years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;

3.2.5 they fail to meet the fit and proper persons requirements outlined within Regulation 5: Fit and Proper Persons: Directors of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 including all future amendments to the regulation;

3.2.6 they become a member of the Council of Governors.

4. **Indemnity**

4.1 Members of the Council of Governors, the Board of Directors and the Company Secretary who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred and in the execution or purported execution of their board functions, save where they have acted recklessly. Any costs arising in this way will be met by the trust.

5 Compliance – Other Matters

5.1 Members of the Council of Governors must behave in accordance with the seven Nolan principles of behaviour in Public Life, and both the Trust's and Council of Governors Code of Conduct as amended from time to time:

- **Selflessness**

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends

- **Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the

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performance of their official duties

- **Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit

- **Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office

- **Openness**

Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands

- **Honesty**

Holders of public office have a duty to declare any private interest relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest

- **Leadership**

Holders of public office should promote and support these principles by leadership and example

END OF DOCUMENT

MEETING OF THE PUBLIC TRUST COUNCIL OF GOVERNORS – 20 FEBRUARY 2024			
New Fit & Proper Person Framework Report – 2023/24			**AGENDA ITEM: 18 ENC 13**
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	**Responsible Director:**	Professor Derek Bell Joint Chairman
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	The purpose of the report is to provide an update to the Council of Governors regarding the implementation of the revised requirements for the Fit and Proper Person Test process for board members and the outcome of testing against the new guidance that related to 2023/24.		
Background	On 2nd August 2023, NHS England published revised requirements in respect of the Fit and Proper Person Test (FPPT) for board members following recommendations in the Kark Review (2019) by Tom Kark KC into the FPPT. A FPPT Framework has been introduced, which sets out new and more comprehensive requirements both for new board appointments and annual review. It is applicable to integrated care boards, NHS trusts, foundation trusts and arms-length bodies – the Care Quality Commission and NHS England.		
Assessment	The Trust has prepared the documentation that is required to be signed by the Joint Chair and returned to NHSE to confirm the outcomes of the F&PPT guidance for 2023/24. The Trust is operating under Group arrangements with North Tees & Hartlepool NHS Foundation Trust and the Joint Chair and Joint Chief Executive are hosted by North Tees & Hartlepool NHS Foundation Trust for payrolls and administrative purposed. A letter of confirmation will be sent to South Tees FT confirming the Joint Chair and Joint Chief Executive are fit and proper persons and this will be addressed to the Vice Chair at South Tees FT. Following the reporting of this outcome to the Board of Directors and to ensure the F&PPT guidance is followed with regards to the governance process, this will be presented to the Council of Governors meeting on 20 February 2024 for information. Once the required documentation has been signed off by the Joint Chair and submitted to NHSE, the Trust will be able to evidence that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: **Regulation 5** - people who have director level responsibility for the quality and safety of		

	care, and for meeting the fundamental standards are fit and proper to carry out this important role.	
Recommendation	Members of the Trust Council of Governors are asked to note the contents of the report	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒	

New Fit & Proper Person Framework Report – 2023/24

1. Introduction

1.1 On 2 August 2023, NHS England published revised requirements in respect of the Fit and Proper Person Test (FPPT) for board members following recommendations in the Kark Review (2019) by Tom Kark KC into the FPPT. A FPPT Framework has been introduced, which sets out new and more comprehensive requirements both for new board appointments and annual review. It is applicable to integrated care boards, NHS trusts, foundation trusts and arms-length bodies - the Care Quality Commission and NHS England.

1.2 The purpose of strengthening the FPPT is to prioritise patient safety and good leadership within NHS organisations. A portfolio of evidence is required to be collected for board members to demonstrate meeting the requirements as well as highlighting those deemed unfit and preventing them from moving between NHS organisations.

1.3 The portfolio of evidence for each board member will be held locally and entered onto ESR, which has been updated with new fields to reflect the additional requirements and will provide a dashboard to evidence the recorded results. Before commencing the collection of any evidence, organisations must issue a privacy notice to each board member advising them how the information will be used and stored. This has been carried out for all current board members and Directors employed by the Trust and was issued on 15 September 2023.

1.4 The Chair of an organisation has overall accountability for the FPPT, however, nominated individuals such as the Company Secretary and workforce staff can assist to carry out and record the outcome of the assessment for each board member against the FPPT requirements based upon the evidence collected.

1.5 Organisations are required to make an annual submission to NHS England confirming the outcome of FPPT for their board members. There is also a new FPPT attestation form for board members to complete. These checks are carried out as part of the appointment process and repeated on an annual basis.

1.6 A new reference template has also been introduced for any new board member appointments with effect from 30th September 2023. The template should also be completed and retained locally for any board members leaving the organisation.

1.7 To help inform the fitness assessment in the FPPT a new Leadership Competency Framework (LCF) for board roles will be introduced to support the development of a diverse range of skilled and proficient leaders. A new board appraisal framework is also being produced which will incorporate the LCF. It is expected that the new appraisal template will be used to appraise 2023/24 performance with appraisals taking place in Quarter 1: 2024/25. The Messenger Review (NHS Leadership) reinforced the importance of implementing the FPPT

recommendations from the Kark Review and to develop a single set of unified, core leadership and management standards, for which the LCF is a critical part. See link to NHSE guidance: NHS England » NHS England fit and proper person test framework for board members

2. Details

2.1 The Board of Directors took the decision to apply the new F&PPT guidance to existing Non Executive Directors and the Director team.

2.2 The new F&PPT requirements will be applied to the Joint Chair, the newly appointed Joint Chief Executive, Non-Executive Directors and Directors as if they were new appointments.

2.3 The approach above goes above and beyond the requirements of the F&PPT guidance, which is only required to be applied from 30th September 2023, for new employees or those leaving the Trust. This approach that was agreed by the Board of Directors demonstrates its commitment to ensuring robust governance and the important of ensuring Directors are compliant with the F&PPT requirements.

Reported Outcomes

2.4 The Trust has completed the testing relating to the new F&PPT guidance. The individuals that were tested as part of Phase 1 are listed below;

- Professor Derek Bell (employed by NT&T)
- *Ms Stacey Hunter (starter 1 February 2024 – employed by NT&H)
- Mr Robert Harrison (leaver 31 January 2024)
- Ms Sue Page (leaver 31 December 2023)
- Mr Chris Hand
- Dr Hilary Lloyd
- Dr Michael Stewart
- Mrs Rachael Metcalf
- Mr Sam Peate
- Mrs Jackie White
- Mr Manni Imiavan
- Mr Philip Sturdy
- Mr Mark Graham (leaver 31 December 2023)

(*) Not substantively employed by the Trust and at the time of undertaking testing, neither were Board members of their employer. Employing organisations advised that that guidance would be applied on a prospective basis. With the agreement of the individuals, the Trust undertook F&PPT checks, were possible.

Privacy notices

2.5 Privacy notices were issued to staff on 15 September 2023 advising of the new F&PPT guidance requirements and the need to collect additional information,

including the right to opt out. All members of staff agreed to the new guidance and additional testing.

Self-Attestation Forms

2.6 Self-attestation forms were issued and have been signed and returned by individuals and also signed by the Joint Chair to confirm receipt. The Vice Chair signed to confirm receipt of the Joint Chair's attention form.

F&PPT Checklists

2.7 A F&PPT checklist (Appendix 7 of the guidance) was completed to evidence the checks performed for each individual.

This included the additional checks on being disqualified from being a charity trustee, investigations into disciplinary matters/complaints/grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT and social media checks.

ESR Recording

2.8 As part of the new guidance, the Electronic Staff Record (ESR) has been updated to enable the recording of key information relating to the F&PPT and a dashboard of the findings can be produced.

A summary of the checks and declarations have been collated and the ESR system has been updated for the mandatory fields to record F&PPT outcomes and this was checked as part of validation processes.

Outcome Validation

2.9 In order to ensure appropriate and independent checks were performed in relation to individual outcomes, the following approach was undertaken;

- Results for **Directors** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Acting Chief Executive & Managing Director**.
- Results for the **Chief Executive and Acting Chief Executive & Managing Director** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Joint Chair.**
- Results for the **Joint Chief Executive** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence will be provided to the **Senior Independent Director** (Ada Burns).
- Results for the **Non-Executive Directors** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Joint Chair**.
- Results for the **Joint Chair** of the Trust – a summary of the outcomes,

including the ESR dashboard and supporting evidence will be provided to the **Senior Independent Director** (Ada Burns).

3. Key issues, significant risks and mitigations

3.1 The risk relating to this paper is the potential breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 - people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.

3.2 The Trust has undertaken a thorough and comprehensive process to apply the new F&PPT guidance and independent checks have been performed in relating to the outcomes and this can be evidenced by a robust audit trail.

4. Conclusion/Summary/Next steps

4.1 The Trust has strictly followed the new F&PPT guidance and applied this to members of staff.

4.2 In accordance with the new Fit and Proper Person Test Framework requirements, the Board of Directors of South Tees Hospitals NHS Foundation Trust and additional staff who were included in testing are compliant with the new guidance.

4.3 This evidences that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 - people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.

Next Steps

4.4 The Trust has prepared the documentation that is required to be signed by the Joint Chair and returned to NHSE to confirm the outcomes of the F&PPT guidance for 2023/24 and is subject to formal sign off by the Joint Chair.

4.5 The Trust is operating under Group arrangements with North Tees & Hartlepool NHS Foundation Trust and the Joint Chair and Joint Chief Executive are hosted by North Tees & Hartlepool NHS Foundation Trust for payroll and administrative purposes. A letter of confirmation will be sent to South Tees FT confirming the Joint Chair and Joint Chief Executive are fit and proper persons and this will be addressed to the Vice Chair at South Tees FT and issued by the Senior Independent Director of the Trust.

4.6 Following the reporting of this outcome to the Board of Directors and to ensure the F&PPT guidance is followed with regard sot the governance process, this will be presented to the Council of Governors meeting on 20 February 2024 for information.

5. Recommendation

- The Council of Governors are asked to discuss and note the content of the report.